



# NEW HANOVER COUNTY APPLICATION FOR COUNTY PRIVILEGE LICENSE

Name of Business or Applicant \_\_\_\_\_

DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (Business) \_\_\_\_\_

E-mail \_\_\_\_\_

Web-site \_\_\_\_\_

Fax # \_\_\_\_\_

Location of Business (If different from above) \_\_\_\_\_

Owner's Name, Residence \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_

Type of Entity: (circle one)    Individual    Partnership    Corporation    LLC    Other

Applicant Desires to Conduct the Following Business: \_\_\_\_\_

Date Business Began Operation: \_\_\_\_\_

If Business is Regulated by a State Occupational Licensing Board, Furnish Serial Number of State License Currently held: \_\_\_\_\_

*If license is needed for music machines, video machines or pinball machines please furnish serial numbers on reverse side. (This should be completed only if you own the machines).*

If applying for a Malt Beverage or Wine License, furnish the following:

ABC Permit Number: \_\_\_\_\_

Date issued: \_\_\_\_\_

City License Number: \_\_\_\_\_

Date issued: \_\_\_\_\_

(If within Municipal Limits)

Name of Bank: \_\_\_\_\_

***I HEREBY DECLARE THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE. AND THEY ARE BASIS ON WHICH MY PRIVILEGE LICENSE MAY BE ISSUED. I ALSO DECLARE THAT I HAVE READ AND UNDERSTAND THIS APPLICATION IN ITS ENTIRETY, AND THAT ALL APPLICABLE BLANKS WERE COMPLETED BY ME PRIOR TO MY EXECUTION OF THE SAME.***

Applicant, Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Make checks payable to: *NEW HANOVER COUNTY TAX OFFICE***

Reviewed by: \_\_\_\_\_

Type of License: \_\_\_\_\_

Amount of License: \_\_\_\_\_

Account #: \_\_\_\_\_

Date entered: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

**Mailing address: P.O. Box 18000 - Wilmington, NC 28406 // Location: 230 Government Center Drive, #190  
Phone number: (910)798-7113 Contact: Robert Warren**