



Privilege License Application  
 232 Matthews Station Street  
 Matthews, NC 28105  
 (704) 847-4411 (704) 845-1964

- New Application
- Ownership Change
- Name Change
- Address Change

**FOR OFFICE USE ONLY**

License # \_\_\_\_\_  
 Approval Date: \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Zoning Approval: \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 DBA (Doing Business As) Name

\_\_\_\_\_  
 Corporate Name (Sole Proprietorships should indicate the owner's name)

\_\_\_\_\_  
 Business Physical Address (include suite / apt #s - no PO Box #s)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

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

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Federal ID or SSN #

\_\_\_\_\_  
 State License # (if applicable)

\_\_\_\_\_  
 Business Phone Number

\_\_\_\_\_  
 Secondary Phone Number

\_\_\_\_\_  
 Fax Number

Provide a detailed description of your business activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Business Began or Will Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type:  Corp. (LLC/S Corp)  Sole Proprietor/Partnership

Beer and Wine License:  No  Yes

Taxi Cab Business:  No  Yes

**Primary Contact Information**

\_\_\_\_\_  
 Contact's Name

\_\_\_\_\_  
 Relationship to Business

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Cell Phone Number

\_\_\_\_\_  
 Fax Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

The Social Security number / Federal ID (SSN/FID) number will be used to facilitate collection of privilege license taxes if you do not timely and voluntarily pay the taxes. Using the SSN/FID will allow the Finance Department to claim payment of an unpaid privilege license tax bill from any state income tax refund that might otherwise be owed to you. Your SSN/FID number may be shared with the state and/or a collection agency for this purpose. In addition, your SSN/FID may be used to attach wages or garnish bank accounts for failure to timely pay taxes. Your SSN/FID may also be shared with other local governments and other departments of this local government to facilitate the collection of taxes and other obligations owed to those governments and departments. For collection purposes, all telephone numbers provided by you may be subject to receiving telephone calls from an automated dialer using a pre-recorded, artificial voice message or live operator call. You give your prior express consent to receive such phone calls, including any calls made to your provided cellular telephone number.

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Charge Code: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ CHECK CASH CREDIT