

## **TOWN OF HOPE MILLS**

5770 ROCKFISH ROAD, HOPE MILLS, NORTH CAROLINA 28348-1848
TELEPHONE (910) 426-4100 FAX (910) 429-3386

www.townofhopemills.com

## Privilege License Application

Application Date: Start Date of Business Activity:		
Business Ownership Type:   Corpor	ation (Including LLC's and S Corps)	☐ Sole Proprietorship/Partnership
Corporation Name or Business Name:	anon (moraamig <b>22</b> 00 ama 0 00.po)	
DBA (Doing Business As) Name:		
Physical Address of Business Location (Include any suite or apartment #, city, state, zip code)		Do not use P. 0. Box
Mailing Address if Different than Physical Address		
Federal Tax Identification Number	North Carolina State Occupation/Board License Number if Applicable:	
Business Location Phone Number	Cellular Phone Number	Fax Number
E-mail Address:	L	
Provide a Detail Description of Your Business Activities	:	
If you have other business locations in Hope Mills, please list those locations:		
Primary Contact Information:		
Contact's Full Name:	Relationship to Business:	
Mailing Address	Email Address:	
Telephone Number	Cellular Phone Number	Fax Number
	o the Town does not relieve the applica Hope Mills' ordinances, state or federa	nt of responsibility for complying with all laws and regulations.
Signature:	e Date:	
Privilege License Tax Fee Amounts Due	as Determined from Attached Computations a	nd Schedules. Please Pay with Application.
Tax Schedule A	Gross Receipts/Sales \$	License Tax Due
Tax Schedule B		License Tax Due \$
Tax Schedule C		License Tax Due
Tax Schedule D	Check Box if Exempt ☐	License Tax Due <b>None</b>
Total of All Taxes (Schedule A + B + C)		\$