

**Town of Hope Mills  
5770 Rockfish Road  
Hope Mills, NC 28348**

**Privilege License Application**

<b>Application Date:</b> _____		<b>Start Date of Business Activity:</b> _____	
<b>Business Ownership Type:</b> <input type="checkbox"/> Corporation (Including LLC's and S Corps)		<input type="checkbox"/> Sole Proprietorship/Partnership	
Corporation Name or Business Name: _____			
DBA (Doing Business As) Name: _____			
Physical Address of Business Location (Include any suite or apartment #, city, state, zip code)			Do not use P. O. 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: _____			
Provide a Detail Description of Your Business Activities: _____ _____ _____			
If you have other business locations in Hope Mills, please list those locations: _____ _____ _____			

<b>Primary Contact Information:</b>		
Contact's Full Name: _____		Relationship to Business: _____
Mailing Address _____		Email Address: _____
Telephone Number	Cellular Phone Number	Fax Number
<p style="text-align: center;"><b>Payment of the privilege license tax to the Town does not relieve the applicant of responsibility for complying with all applicable Town of Hope Mills' ordinances, state or federal laws and regulations.</b></p> <p>Signature: _____ Date: _____</p>		

Privilege License Tax Fee Amounts Due as Determined from Attached Computations and 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 <input type="checkbox"/>	License Tax Due None
<b>Total of All Taxes (Schedule A + B + C)</b>		<b>\$ _____</b>