TOWN OF DOBSON
BUSINESS LICENSE APPLICATION

Business Information:

Business Name: _____

Business Address: _____

Mailing Address _____

Business Phone: _____

Type of Business: _____

_____

Brief Description of Business: _____

_____

_____

Owner's Information:

Owner's Name: _____

Owner's Address: _____

Mailing Address _____

Owner's Phone: _____

Applicant Information:

Applicant's Name: _____

Relationship to Business: _____

I hereby certify that I have made inquiry concerning the regulations of the Town of Dobson and that the business to be conducted will fully comply with the requirements and with all Town ordinances and State laws regarding same. I understand that I am subject to periodic inspections in accordance with NC General Statute 160-424.

This Schedule B Privilege License only permits the above listed person from engaging in a particular occupation or business activity under the above listed business name within the taxing jurisdiction. This license does not permit anyone affiliated with the business to engage in any other activity for which a separate permit (building, zoning, etc.) is required. Contact the Town of Dobson (336.356.8962) for more information.

SIGNED _____

TITLE / POSITION _____