**CUSTOMER NUMBER** 



## **APPLICATION FOR BUSINESS LICENSE**

Any person who willfully makes a false statement on a license application shall be guilty of a misdemeanor and upon conviction shall be fined or imprisoned in the discretion of the court and any fine shall be in addition to the amount of the tax.

Business Licenses are only required for businesses involved in the sale of alcohol. Finance Department personnel can assist you by calling 919-934-2116 ext.1106 or visit us at Smithfield Town Hall located at 350 East Market Street.

Date of Application:			
Business Name:			<u>_</u>
Business Address (physica	l Address not PO Bc	x):	
City:	State:	Zip Code:	
Mailing Address (if differen	nt):		
City:	State:	Zip Code:	
Name of Owner or Manag	ger:		
Phone Number:	umber:Fax N		
Federal Tax ID #: or SSN			·
Email Address:			
Date Business Will Start Op	peration:		
Describe Business Activity:	·		
Will you be selling Beer, Lic license before we can issu	•		? (Must have a state
Yes No	On Premise	Off Premise	Both
Beer Wine	Liquor		
*********	*******	*******	********
Signature of Person Makin	g Application:		
Address of Person Making	Application:		
Relationship to Business:			