

TOWN OF CARRBORO
PRIVILEGE LICENSE RENEWAL APPLICATION

ACCOUNT I.D. # _____

LICENSE TAX YEAR

2015

NOTE: IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO NOTIFY US OF ANY ADDRESS CHANGES THROUGHOUT THE YEAR AND TO RENEW THE PRIVILEGE LICENSE PRIOR TO JULY 1 OF EACH FISCAL YEAR.

Name of Business _____ Fed Tax ID#/SS# _____
(Sole Proprietorship should indicate the owner's name) (Privileged & Confidential)
(Used for collection of tax if necessary)

Doing business as (DBA): _____

Type of Business Ownership Corporation Sole Proprietor or Partnership Other (specify) _____

Business' Physical Address _____

Billing Address _____

Contact Number(s) _____ Email address: _____

Owner's Name (Print Legibly) _____ Signature _____ Date _____

Affidavit - Only For Businesses With Fees Based on Gross Receipts

The amount reported as gross receipts is on a business' prior state income tax return or estimated gross for the fiscal year, reporting only gross receipts gained within the Town of Carrboro. The Town may request the business to provide an operating statement or other records reflecting gross sales before and after the privilege license is issued.

I affirm under penalties described by law, that I have examined this renewal and statement, and that to the best of my knowledge and belief, it is true, complete and made in good faith for the taxable period stated pursuant to the Town of Carrboro Privilege License Tax Ordinance.

Owner's Name (Print Legibly) _____ Signature _____ Date _____

Payment Options: Check, Cash, Credit Cards (Visa and MasterCard). Credit card payments must be made in person only. We cannot take credit card payments over the phone.

Remit Payment to:

Town of Carrboro
Privilege License Unit
301 W. Main Street
Carrboro, NC 27510
Phone: (919) 918-7316 or (919) 942-8541

TDD 1-800-826-7653

Fax: (919) 968-7745

Email: jbowden@townofcarrboro.org