

TOWN OF GASTON



APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE FOR THE FISCAL YEAR 2011-2012

Make separate application for each business to be licensed and for each location. *****

For office use only:

License number: _____ Receipt number: _____
Approved by: _____ Date Issued: _____
Classification: _____ Fee: _____
Penalty: _____ Total: _____

_____ New business....starting date _____
_____ Change of Ownership
_____ Corporation _____ Co-partnership

_____ Renewal of license
_____ Change in location
_____ Single ownership

Name of applicant (individual or firm)

Federal ID Number

Mailing address

Location of business

Mailing address line 2

Type of Business

Telephone number

Fax Number

E-Mail address

Reportable applicable figure for preceding: _____ Calendar year _____ Fiscal year

_____ Gross Receipts _____ Gross Income _____ Gross Premiums

If bonding is required:

Name of Bonding Co: _____ Bond No. _____

If this is a change of ownership, give name of previous owner: _____

If you employ an accounting or bookkeeping firm, give name, address, and phone number

List names of partners or officers of firm, and give their titles.

Note: The records of all concerns doing business in GASTON are subject to audit and severe penalties are provided for misrepresentation.

I (we) do hereby certify that the amount returned as TOTAL GROSS from my business or profession as reported herein is true and correct and that I am familiar with the Town Ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application

Signature of Applicant

Date

Title

