

TOWN OF GASTON



APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE FOR THE FISCAL YEAR 2018-2019

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

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For office use only:

License number: \_\_\_\_\_ Receipt number: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Classification: \_\_\_\_\_ Fee: \_\_\_\_\_

Penalty: \_\_\_\_\_ Total: \_\_\_\_\_

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\_\_\_\_\_ New business...starting date \_\_\_\_\_

\_\_\_\_\_ Renewal of license

\_\_\_\_\_ Change of Ownership

\_\_\_\_\_ Change in location

\_\_\_\_\_ Corporation \_\_\_\_\_ Co-partnership

\_\_\_\_\_ Single ownership

\_\_\_\_\_ Name of applicant (individual or firm)

\_\_\_\_\_ Name of Business

\_\_\_\_\_ 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

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 / Title

\_\_\_\_\_ Date