

TOWN OF GASTON



APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE FOR THE FISCAL YEAR 2024-2025

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 _____

_____ 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

_____ Date

_____ Title