

TOWN OF GASTON



APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE FOR THE FISCAL YEAR 2026-2027

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) _____

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