



PRIVILEGE LICENSE APPLICATION
2016 - 2017

****ABSOLUTLY NO DOOR TO DOOR SOLICITATION (SALES) PERMITTED****

PHOTO I.D. IS REQUIRED

ALL CONTRACTORS NEED TO PROVIDE A COPY OF THEIR CURRENT LICENSE WITH THIS APPLICATION

ALL INFORMATION IS REQUIRED

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: (____)_____ OWNER'S PHONE : (____)_____

OWNER'S NAME: _____

OWNER'S PHYSICAL ADDRESS: _____

OWNER'S MAILING ADDRESS: _____

I hereby certify that the business to be conducted will fully comply with the requirements and with all Town of Richlands Ordinances and State laws regarding same. I understand that I am subject to periodic inspections in accordance with NC General Statute 160-424. **DISPLAY OF LICENSE:** Your license will be processed and mailed to you within 1-10 business days. Upon receipt, please post the license at your business location. Your license will expire June 30th. If you discontinue your business before the end of the license period, no refund of any part will be made.

Signature of Owner or Officer of Business _____ Date: _____

Do not write below this line

FOR OFFICE USE ONLY

DATE PAID	AMOUNT PAID	RECEIPT NO.	CONTRACTOR LICENSE NO.	PRIVILEGE LICENSE NO.