



BUSINESS LICENSE APPLICATION

Date of Application: _____ Expected Date of Opening: _____ License Fee: \$40
(for new businesses only)

Name of Business: _____

Doing Business As (DBA): _____

Type of Business Ownership: _____ Corporation _____ Sole Proprietor/Partnership _____ Other (specify)

Business Physical Address: _____

Billing Address: _____

Primary Owner's Name: _____ Signature: _____

Email Address: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Is your business premise open to the general public? Yes No

Is your business a home office? Yes No

Number of Full-time Employees: _____ Part-time Employees: _____ Business Square Footage: _____

Business Status: New Existing Closed

Business Category: Service Retail Office Restaurant Manufacturing School Non-Profit Cultural

Describe your business, including all activities involved: _____

PLEASE NOTIFY US OF ANY ADDRESS OR EMERGENCY CONTACT CHANGES THROUGHOUT THE YEAR. BUSINESS LICENSES ARE NOT TRANSFERABLE. A NEW LICENSE MUST BE ISSUED FOR A NEW BUSINESS.

Comments: _____

Dept Approval signature _____

Date: _____

Remit to:
Town of Davidson Economic Development
PO Box 579
Davidson, NC 28036

Phone: 704 940-9622
Email: kfleming@ci.davidson.nc.us
Payment Options: Check, Cash, Credit Card
OR ONLINE www.ci.davidson.nc.us/businesslicense

