

**TOWN OF HIGHLANDS
HIGHLANDS, NORTH CAROLINA**



Application for Business License

Application Date

Please indicate reason for application:

- | | |
|--|---|
| <input type="checkbox"/> New Applicant | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Address Change |

Name of Business

Business Effective (Opening) Date

Address

Address 2

City, ST, Zip

Phone

Fax

911 Address

Business Description

Name of Owner

Accountant's Name

Accountant's Number

Bonding Company

Tax Id Number

Please choose all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Beer on Premises | <input type="checkbox"/> Beer off Premises | <input type="checkbox"/> Beer on & off Premises |
| <input type="checkbox"/> Wine on Premises | <input type="checkbox"/> Wine off Premises | <input type="checkbox"/> Wine on & off Premises |

Hotel or Motel Number (#) of Rooms

Beauty Salons & Barber Shops Number (#) of Operators

Number (#) of Chairs

Restaurants Number (#) of Seats

Applicant Signature

To submit form by Email, you must have a recent version
of Adobe Reader installed.
Use link below to download the latest version.

<http://get.adobe.com/reader/>