City of Greensboro Collections Division PO Box 26118, Greensboro, NC 27402-6118 Phone (336) 373-2501 Fax (336) 373-4393

Privilege License Application

Local Business Addres	ss (No PO Box Numbers)	
	(1.6.1.6.1.6.1.6.1.6.1.6.1.6.1.6.1.6.1.6	
City:	State:	Zip Code:
Mailing Address (if dif	fferent)	
Street:		
City:	State:	Zip Code:
Email Address:		
Website Address:		
one:		
Individual (List na	ames and addresses below)	
Individual (List na Partnership (List n	ames and addresses below)	
Individual (List na Partnership (List n LLC (List names a	ames and addresses below)	ome addresses below)
Individual (List na Partnership (List n LLC (List names a Corporation (List l	ames and addresses below) and addresses below) President and Secretary names and he	,
Individual (List na Partnership (List n LLC (List names a Corporation (List l Name:	ames and addresses below) and addresses below) President and Secretary names and he	ome addresses below)
Individual (List na Partnership (List n LLC (List names a Corporation (List l Name: Home Address	ames and addresses below) and addresses below) President and Secretary names and he	
Individual (List na Partnership (List n LLC (List names a Corporation (List l Name: Home Address Street:	ames and addresses below) and addresses below) President and Secretary names and he	
Individual (List na Partnership (List n LLC (List names a Corporation (List l Name: Home Address Street: City:	ames and addresses below) and addresses below) President and Secretary names and he Title: State:	Zip Code: _
Individual (List na Partnership (List n LLC (List names a Corporation (List l Name: Home Address Street: City:	ames and addresses below) and addresses below) President and Secretary names and he Title: State:	
Individual (List na Partnership (List na LLC (List names a Corporation (List land) Name: Home Address Street: City: Name: Home Address	ames and addresses below) and addresses below) President and Secretary names and he Title: State: Title:	Zip Code: _
Individual (List na Partnership (List n LLC (List names a Corporation (List l Name: Home Address	ames and addresses below) and addresses below) President and Secretary names and he Title: State:	Zip Code: _
Individual (List na Partnership (List na LLC (List names a Corporation (List la Name: Home Address Street: City: Name: Home Address Street: City: City:	ames and addresses below) and addresses below) President and Secretary names and he Title: State: Title:	Zip Code: Zip Code:

3.	Does firm own the building? Yes No If no, leased/rented from
4.	Date business started in Greensboro:
C	
Des	cription of Business Activity:
D	ck each activity that applies to your business:
	Retail Sales Wholesale Sales Manufacturing Service Business Building/Trade Contractor Vehicle Repair/Service Food/Restaurant Services Beer/Wine Sales Other (Please describe below)
It ic	understood by the applicant that issuance of a privilege license does not constitute acceptance
appr licer into Zon	royal of the use of the named location against existing building, zoning or fire prevention codes. A usee shall remain fully liable and responsible for bringing the premises and all business operations full compliance with such codes. All applicants are encouraged to contact the City of Greensboro ing and Building Inspection Divisions and the Fire Prevention Bureau to determine which lations may apply to a particular business.
Sign	nature:
Title	e:

Instructions:

- 1. Click the PRINT button on your computer.
- 2. Complete the application in handwritten or typed form.
- 3. Mail the completed application to the Collections Division.