TOWN OF SURF CITY
PRIVILEGE LICENSE APPLICATION
Please call the tax department 910-328-4131 for assistance in computing your privilege license tax.

1. _____
DBA (Doing Business As) Name Federal Tax ID#

2. _____/_____/_____/_____
Mailing Address City State Zip Code

3. _____/_____/_____/_____
Location Address (Do not use P.O. Box #) City State Zip Code

4. _____ _____ _____
Business Location Phone # Secondary Phone # Fax #

5. _____ _____
Type of Business Ownership (Corporation, Sole Proprietor, Partnership, Other) Website address

6. Contractor: ◯ Yes ◯ No License Number: _____

7. Contact Person:
Name _____
Phone Number _____
Email Address _____

8. _____
Date business began in Surf City or will begin in Surf City

INDIVIDUALS (NOT COMPANIES OR CORPORATIONS) COMPLETE THE FOLLOWING

9. _____
Applicant Name

10. _____
Phone #

PLEASE COMPLETE REVERSE SIDE OF FORM FOR PRIVILEGE LICENSE COMPUTATION.

I affirm, under penalties prescribed by law, that I have examined this application and statement; and that to the best of my knowledge and belief, it is true, complete, and made in good faith for the taxable period stated pursuant to the Town of Surf City Privilege License Tax Ordinance. A licensee shall be responsible for notifying the Town of Surf City of any changes in location and/or mailing address. It is the responsibility of the licensee to renew the Privilege License prior to July 1.

Signature of person making application _____ Date _____

Print name of person making application _____

PLEASE REMIT COMPLETED APPLICATION TO:
TOWN OF SURF CITY
PO BOX 2475
SURF CITY, NC 28445
(910)328-4131

**********DO NOT COMPLETE BELOW THIS LINE ON THIS PAGE**********

FOR OFFICE USE ONLY:

Cost of License _____

NEW _____ RENEWAL _____ EXP _____

The undersigned has examined the Zoning Laws of the Town of Surf City, North Carolina and the above business complies with requirements thereof.

Approved by Town Planner: _____

Nature of Business (Describe fully the Type of Sales and/or Services provided):_____

Please answer the following questions that **APPLY** to your Business:

1. **Hotel, Motels, Etc:** Number of Rooms:_____($1.00 per room/$25.00 minimum) $_____

2. **Restaurant, Cafeteria, Lunch Stand:** (seating capacity 0-4/$25.00, 5 or more/$42.50)
   - **a. Total Number of Chairs, Stools, and Benches**: _____ $_____
   - **b. Take-out only: Amount of Gross Receipts: $** _____ $_____
   - **c. Catering** ($50.00 flat fee) ◯ Yes ◯ No $_____
   - **d. Sales of other items such as T-shirts and hats: Amount of Gross Receipts: $**_____ $_____
   - **e. Delivery** ($50.00 flat fee) ◯ Yes ◯ No $_____
   - **f. Bar** ☐ **($100.00) Live Entertainment** ☐ **($25.00)** $_____
   - **g. On Premises Beer** ☐ **($15.00) Wine** ☐ **($15.00)** $_____
   - *** A copy of Beer & Wine License must be attached before issuing a license**

3. **Barber/Beautician/Manicurist/Pedicurist:** Number of operators: ____($2.50 per operator) $_____
   - **a. Products:** Amount of Gross Receipts:_____ $_____
   - **b. <u>Massage Therapist</u>** - no charge but a copy of Pender or Onslow County Health Permit and Proof of insurance must be attached before operating**.**

4. **Chain Store:** Do you operate as a Chain Store: ($50.00 Flat Fee) ◯ Yes ◯ No $_____

5. **Convenience Store:**
   - **a. Gasoline Sales:** ◯ Yes ◯ No (Flat Fee $50.00) $_____
   - **b. Retail Sales of Cigarettes and/or Soft Drinks:** ◯ Yes ◯ No (Flat Fee $4.00) $_____
   - **c. Off Premises Beer** ☐ **($5.00) Wine** ☐ **($10.00)** $_____
   - **d. All other Retail Sales:** (excluding items listed above) $ _____ $_____
   - *** A copy of Beer & Wine License must be attached before issuing a license**

6. **Other:**
   - **a. Type of Business:** _____ $_____
   - **b. Other**:** _____
     _____ $_____
   - ****See enclosed Fee Schedule for OTHER applicable fees**

7. **Retail/Wholesale Fees Based on Gross Receipts:** *$_____ $_____
   ***(sum together before calculating amount)**

Amount reported as <u>gross</u> receipts on a business' state income tax return. The law provides that satisfactory evidence shall be furnished showing the facts on which retail and wholesale license(s) are based. A request <u>may</u> be made to present an operating statement or other records reflecting gross sales before the license can be listed. This information is held in the strictest confidence. If you fail to provide this information, the Town reserves the right to bill the maximum amount for your license.

PENALTY, IF APPLICABLE: $_____
(The penalty for engaging in business without obtaining a license if 5% of the amount of the license per month for a maximum of 25%, with a minimum of $5.00)

TOTAL (ADD ALL FEE AMOUNTS) $_____