



**TOWN OF FAIRMONT  
PO BOX 248, 421 S MAIN STREET  
FAIRMONT, NC 28340  
PHONE (910) 628-9766, EXT. 23 – FAX (910) 628-6025**

**MUNICIPAL LICENSE APPLICATION**

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Location and Address of Business: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home/Cell Telephone: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Type: (check one) EIN \_\_\_\_ SSN \_\_\_\_

**OWNERS/OFFICERS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**LICENSE INFORMATION (FOR OFFICE USE ONLY)**

To Conduct the Following Business:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

**Payment of the Municipal License tax to the Town of Fairmont does not relieve the applicant of responsibility for complying with all applicable Town of Fairmont ordinances and zoning requirements. The statements made in the foregoing application are true to the best of my knowledge and belief.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_