



City of Jacksonville

Privilege License Application

Application for Privilege to do business inside the City limits of Jacksonville.

Please complete entire application. If an item does not apply, enter 'N/A' in the available space.

| | |
|-------------------------------------|--|
| Application Date: ____/____/____ | Business Start Date: ____/____/____ |
|-------------------------------------|--|

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|-----------------------|
| Business Name: |
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|---|
| Corporation Name (If different from Business): |
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| Business Description (Include all activities. Please note that if it is a Tattoo business you are required to provide a copy of Onslow County Health Department Certificate with this application): |
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| Business Location (Street Address): |
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|--|-------------------------------------|
| Does business have more than one location in NC? Yes _____ No _____ | If Yes, List other locations in NC: |
|--|-------------------------------------|

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|---|---|
| Type of Ownership (Individual, Partnership, Corporation, or other): | Mailing Address: (If different from above): |
|---|---|

| | |
|---------------------------|-----------------------------------|
| Owner of Business: | Business Phone: ____/____/____ |
|---------------------------|-----------------------------------|

| | |
|-----------------|------------------------------------|
| Street Address: | Secondary Phone: ____/____/____ |
|-----------------|------------------------------------|

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|------------------|-------------------------------|
| Mailing Address: | Fax Number: ____/____/____ |
|------------------|-------------------------------|

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|---|---|
| Is business located within Jacksonville City limits?: Yes _____ No _____ | Business is an Approved Zone(Planning/ Inspection Approval): Approval Date: |
| Is this business home based? Yes _____ No _____ | |
| Does firm own the building? Yes _____ No _____ | |
| If not owned, leased or rented from: | |

Important - Each business must have a principal location. A business is considered to be Home Based if the principal location of the business is a residence. This includes businesses of a mobile nature such as construction/home improvement companies, mobile car repair, power washing, repair services. If the answer to both questions is yes, our policy requires that you obtain a Home Occupation Use Permit from our Zoning Division or Inspections Dept.

| | |
|---|---|
| Does your business sell retail or wholesale items?: Yes _____ No _____ | Describe in detail type of items sold: |
|---|---|



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| | | |
|---|---|-------------------------|
| Contractors State License Number: | | Expiration Date: |
| List Sub-contractors (Name, Address, Contact Phone Number): | | |
| Hotel or Motel, list number of rooms: | | |
| If Restaurant, provide seating capacity: | | |
| Will there be live entertainment?: Yes _____ No _____ | | |
| Does business sell intoxicating beverages? (If yes, you are required to complete a beer / wine application and submit to the Jacksonville Police Department for processing) Yes _____ No _____ | | |
| Taxi - provide certificate (J) number: | | |
| Day Care - number of children cared for: | | |
| Beauty Salon, Barber Shop, Manicurist - provide number of chairs: | | |
| Manager's Name: | Business Phone: _____/_____/_____ | |
| Federal EIN or Owner(s) SSN (SSN is mandatory per Federal Statute 42 U.S.C. 405 (C) (i). The SSN may be used for the purpose of collecting owed taxes.): | | |
| Business Name: | | |
| Signature of Applicant: | | |
| Issued by: | Date: | License#: |

Return completed form to:
Finance Department
City of Jacksonville
P. O. Box 128
Jacksonville, NC 28541-0128
Phone: 910 938-5244

Or:
Finance Department
City of Jacksonville
815 New Bridge Street
Jacksonville, NC 28540