



# CITY OF LENOIR

P O Box 958  
Lenoir, NC 28645

## Application for Privilege License

This application is to be completed for all businesses or persons wishing to conduct business within the corporate limits of Lenoir.

<b>Business Name</b>			
<b>Business Mailing Address</b>	_____ Street or PO Box _____ City State Zip		
<b>Physical Address of Business</b>	_____ 911 Street Address _____ Telephone Number		
<b>State License Serial Number</b> (Issued by North Carolina Occupational Licensing Board)		<b>Federal Tax ID Number</b>	
<b>Check on of the following:</b>	A. _____ Individual                      B. _____ Partnership C. _____ Corporation                      D. _____ Other		
<b>Business Type</b> (retail sales, hair salon, service station, restaurant, etc.)			
Do you anticipate applying for an ABC permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No Checking Yes does not automatically permit the sale or serving of alcoholic beverages. A separate application is required and may be obtained at the Lenoir Police Department, 1035 West Ave. NW, Lenoir.		
Please fill out the following if applicable:	<b>Restaurants</b>	<b>Car Wash</b>	
	_____	_____	
	Number of Seats	Number of Wash Bays	
	<b>Beauty and barber Shops</b>	<b>Hotels and Motels</b>	
	_____	_____	
Number of Operators	Number of Rooms		
<b>Pool Tables</b>	<b>Video Games</b>		
_____	_____		
Number of Seats	Number of Seats		
<b>Total Number of Employees</b>			

	_____
<b>Business Owner Name</b>	
<b>After Hours Contact</b>	_____
	Name
	_____
	Telephone Number
<b>Alarm Information</b>	_____
	Name
	_____
	Telephone Number
<b>Alarm Information</b>	_____
	Alarm Company
	_____
	Telephone Number

<b>Applicant Information</b>	_____
	Name
	_____
	Telephone Number
<b>Applicant's Relationship To Business</b>	
<b>Signature</b>	_____
	Date

For Internal Use Only			
Background Completed by Lenoir PD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended for License Issuance	<input type="checkbox"/> Yes <input type="checkbox"/> No
City Council Approval Required for this License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Council Act on License	
Council Approval for Issuance of License	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Privilege License Number		Date of Application	