

**CITY OF STATESVILLE
SPECIAL PRIVILEGE LICENSE APPLICATION
BEER AND WINE (expires April 30)**

1. _____
 (circle one) Business Name/DBA (circle one) Federal Tax ID#/Social Security#

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

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

4. () - () - () -
 Business Location Phone # Secondary Phone # Fax #

6. _____ () -
 Owner Name Phone# Social Security Number

9. _____
 Date business began in Statesville or will begin in Statesville

BEER AND WINE: Check below
 a. Beer () on premise \$15.00 () off premise \$5.00 \$ _____
 b. Wine () on premise \$15.00 () off premise \$10.00 \$ _____

PENALTY, IF APPLICABLE:
 (The penalty for engaging in business without obtaining a license is 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) \$ _____

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 City of Statesville Privilege License Tax Ordinance. A licensee shall be responsible for notifying the City of Statesville of any changes in location and/or mailing address. It is the responsibility of the licensee to renew the Privilege License prior to May 1. Failure to comply with the City of Statesville Privilege License Tax Ordinance may subject the applicant/licensee to personal liability for fines and penalties.

Signature of person making application/licensee _____ Date _____
 Title _____

Print name of person making application/licensee _____

**PLEASE REMIT COMPLETED APPLICATION TO:
 CITY OF STATESVILLE
 PO BOX 1111
 STATESVILLE, NC 28687
 (704)878-3564**

*******FOR OFFICE USE ONLY*******

Cost of License \$ _____

NEW (OL) _____ RENEWAL (OR) _____ EXP _____