

Office Use Only  
Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
SIC Code: \_\_\_\_\_



Office Use Only  
License #: \_\_\_\_\_  
Code: \_\_\_\_\_  
Amount Paid: \$ \_\_\_\_\_

Town of Black Mountain  
160 Midland Avenue ♦ Black Mountain ♦ N.C. ♦ 28711  
Phone: 828-419-9300 ~ Fax: 828-669-2030

**PRIVILEGE LICENSE APPLICATION**  
PLEASE PRINT CLEARLY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License Year Beginning July 1, \_\_\_\_\_

1. Business Name: \_\_\_\_\_
2. Physical Business Location: \_\_\_\_\_  
\_\_\_\_\_
3. Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
4. Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_
5. Does your business have more than one location in the Town?  Yes  No
6. Owner(s) of Business:  
\_\_\_\_\_  
Print Name Signature Date
7. Owner's Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_
8. Description of Business (list all activities): \_\_\_\_\_  
\_\_\_\_\_
9. N.C. State License #: \_\_\_\_\_ License Type \_\_\_\_\_
10. FEIN or SSN #: \_\_\_\_\_

For Office Use Only

**Zoning Compliance Certification**  
**(to be completed first)**

Zoning of Property: \_\_\_\_\_

\_\_\_\_\_ In Town Limits      \_\_\_\_\_ Use is Allowed      \_\_\_\_\_ Use Complies with Ordinance

Comments: \_\_\_\_\_

Zoning Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_