

Remit To:

129 N Main Street  
Rutherfordton, NC 28139  
(828) 287-3520  
(828) 286-8054 Fax

TOWN OF RUTHERFORDTON  
NORTH CAROLINA  
Privilege License Form  
Fiscal Year 2013/2014



Please complete application in black or blue ink

Name of Business \_\_\_\_\_ Fed Tax ID# \_\_\_\_\_  
(and/or SS#)

Type of Business \_\_\_\_\_

Location Address \_\_\_\_\_ Bus Phone# \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Business Corp. Name if Different from above \_\_\_\_\_

**Contact Information:**

Owner of Business \_\_\_\_\_ Phone# \_\_\_\_\_

Address of Owner \_\_\_\_\_

Responsible Party Name \_\_\_\_\_ Phone# \_\_\_\_\_  
(If different from Owner)

Emergency Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_  
(For Police/Fire calls)

**\*\*Note: Incomplete applications are invalid and will result in a refusal for a privilege license with the Town of Rutherfordton\*\***

I affirm this information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_