

Business Acknowledgment – Annual License Fee



Date of Application: ___/___/___ Date of Projected Operation of your Business: ___/___/___ Date Business Started: ___/___/___

DBA (Doing Business As) Name

Corporate Name (Sole Proprietorships should indicate the owner's name)

Business Physical Address (include suite / apt #s - no PO Box #s)

City

State

Zip

Business Mailing Address

City

State

Zip

Email Address

Federal ID or SSN #

State License # (if applicable)

Business Phone Number

Secondary Phone Number

Fax Number

Provide a detailed description of your business activities:

Beer and/or Wine License: Yes No Gaming Yes No Pawn Shop Yes No

Taxi Cab Business: Yes No Gun Sales Yes No

Primary Contact Information

Contact's Name

Relationship to Business

Phone Number

Cell Phone Number

Fax Number

Yes, I want to be contacted about joining Scotland Neck Business Association. A copy of this form will be on file for their review.

Signature

Date

The Social Security number / Federal ID (SSN/FID) number will be used to facilitate collection of privilege license taxes if you do not timely and voluntarily pay the taxes. Using the SSN/FID will allow the Finance Department to claim payment of an unpaid privilege license tax bill from any state income tax refund that might otherwise be owed to you. Your SSN/FID number may be shared with the state and/or a collection agency for this purpose. In addition, your SSN/FID may be used to attach wages or garnish bank accounts for failure to timely pay taxes. Your SSN/FID may also be shared with other local governments and other departments of this local government to facilitate the collection of taxes and other obligations owed to those governments and departments. For collection purposes, all telephone numbers provided by you may be subject to receiving telephone calls from an automated dialer using a pre-recorded, artificial voice message or live operator call. You give your prior express consent to receive such phone calls, including any calls made to your provided cellular telephone number.

Administrative Purposes Only

\$10 Fee Paid on ___/___/___ Waived

Approved on ___/___/___ by: _____ Title: _____

Denied on ___/___/___ by: _____ Title: _____ Reason: _____

Copy provided to Scotland Neck Business Association Applicant does not wish to be contacted