

Customer Number

For Office Use Only

ZONING Approved ___ Denied ___

POLICE Approved ___ Denied ___

Town of Clayton



Application for Privilege License

For Tax Year Beginning July 1, ___ and ending June 30, ___.

Business Name _____

Contact Person _____

Location of Business _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number(s) (1) _____ (2) _____

Fax Number _____

Taxpayer ID _____ or Social Security Number _____ - _____ - _____

Start Date _____

Business Description: _____

If you have any of the following machines on location, advise the number of each machines in the blank space provided; otherwise write N/A for "Not Applicable".

___ Mechanical Rides ___ Vending Machine's ___ Jukebox

Pinball Machine's ___ Pool Tables ___

Will you have a Car Wash? Yes ___ No ___

If this is a restaurant, please list the number of seats _____

Will you be selling Beer and/ or Wine from this establishment? ___ Yes ___ No

If Yes, Please check applicable items below:

Unfortified Wine ___ Fortified Wine ___ Beer or Malt Beverages ___

Do you want this license renewed yearly: ___ Yes ___ No

A person shall apply to the tax collector for each license required by this ordinance no less than thirty days before the date the tax is due. Upon receipt of payment and the approval of your application, a license will be issued. The license issued in accordance with this ordinance is good for the twelve-month period beginning July 1 and ending June 30. A licensee shall post the license where it can be clearly seen and inspected by the proper city officials. The penalty for non payment of the tax when due continues to accrue at the rate of 5% per month beginning August 1 of the current tax year until the tax is paid. The issue of this license does not exempt the taxpayer from any licenses and/or permits that are required by the State of North Carolina or by Johnston County Government.

Under penalty prescribed by law, I hereby affirm that the information provided on this application is true to the best of my knowledge and belief.

Signature _____ Title _____

Date _____

Form TOC-PL1

Revised 11/03/04

Town of Clayton * Customer Service

PO Box 879 – Clayton, North Carolina 27528 * (919)553-5002 – Fax (919) 553-0719