

CITY OF WINSTON-SALEM PRIVILEGE LICENSE APPLICATION

Please write in gross receipts, when applicable for each description listed below.

The amounts reported should in most cases agree with those used for North

Carolina income tax purpose being a fiscal/calendar year. From: _____ To: _____

Office Use

By: _____

Date: _____

Rcpt#: _____

City Ord.	Description	Gross Receipts	Tax Amount	Due Dates
				Beer & Wine Due 05/01
				All Others Due 07/01
				Penalties Begin 1st Day After Due Date
				5% Per Month \$5.00 Minimum
Business Name and Address		Penalties Tax Amount Due		
Lic. Year:		Account Number		Date Mailed

Business Name _____

Name of business Owner or business President _____

Business address & Telephone number _____

Location Of Business-Street Name & Number _____

Date business began operating _____

E-Mail Address _____

It is the **duty** of the **taxpayer** to verify licensing requirements. This notice shall be conclusively presumed, whether or not the person, firm, or corporation has actual notice. Failure to comply is a misdemeanor punishable as provided in N. C. G. S. 14-4.

The undersigned certifies that statements made in this application are true and inclusive of all types of businesses to the best of my knowledge and beliefs. The City of Winston-Salem reserves the right to examine documentation supporting information provided herein.

Please check if you are a minority- or woman-owned business _____

Signature of Applicant _____ Date _____

**CITY OF WINSTON-SALEM, REVENUE DIVISION
PRIVILEGE LICENSES**

ATTN: PRIVILEGE LICENSES

**POST OFFICE BOX 2756
WINSTON-SALEM, NORTH CAROLINA 27102**

VOICE (336) 747-6954 FACSIMILE (336) 747-6918

**SUITE 121, 100 EAST FIRST STREET
WINSTON-SALEM, NORTH CAROLINA 27101**