City Of Oxford

FINANCE OFFICE

NEW BUSINESS PRIVILEGE LICENSE APPLICATION

BUSINESS APPLICATION DATE: _____

APPLICANT'S NAME: _____

BEST CONTACT #: _____

NAME OF BUSINESS: _____

BUSINESS F.E.I.N./T.I.N.: _____ ***(NEED PROOF / VERIFICATION)

BUSINESS PHYSICAL ADDRESS: (Street) _____

(City) _____ (State) ____ (Zip) _____

BUSINESS PHONE #: _____

BUSINESS MAILING ADDRESS: (Street) _____
(If Different)

(City) _____ (State) ____ (Zip) _____

DESCRIPTION OF BUSINESS: _____

_____

BUSINESS START DATE: _____

(If **Cash**) Saturday START DATE: _____

EST. ANNUAL GROSS RECEIPTS: $_____

*** NOTE: W-9 OR LETTER FROM IRS ISSUING F.E.I.N/T.I.N.;
NEED SOCIAL SECURITY NUMBER, IF NO BUSINESS F.E.I.N./T.I.N. OR IF A PEDDLER. ***

PAYMENT OPTIONS: CHECK (PERSONAL OR CASHIER'S), CASH, OR MONEY ORDER

300 Williamsboro Street - P.O. Box 506 - Oxford, North Carolina - 27565 - Phone (919) 603-1120 - Fax (919) 603-1128