



City-County Tax Collector
P.O. Box 32728
Charlotte, NC 28232-2728
311 or (704) 336-7600
<http://tax.charmeck.org>

PRIVILEGE LICENSE APPLICATION



Account Number _____

2012 - 2013 Privilege License Application

Please carefully read the *Privilege License Application Information/ Instructions* before completing this application.

SECTION 1

<input type="checkbox"/> New License		<input type="checkbox"/> License Renewal		<input type="checkbox"/> Business Closed/Sold – Date ____/____/____ (attach documentation i.e., Bill of Sale)							
1	Application Date: ____/____/____			2	Start Date of Your Business Activity:						
3	Business Ownership Type: <input type="checkbox"/> Corporation (including LLC’s and S Corps) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership										
4	Corporation/Business Name:						<input type="checkbox"/> New/ Change				
5	Doing Business As/Trade Name:						<input type="checkbox"/> New/ Change				
6	Business Owner/Partner Name:		First	M.I.	Last						
7	Business Description:										
8	Business Location - include suite/ apartment #, city, state & zip code. (Do not use P.O Box #):						<input type="checkbox"/> New/ Change				
9	Social Security Number (optional):			10	Federal Tax Identification Number (optional):						
11	Mailing Address:						<input type="checkbox"/> New/ Change				
12	Business Telephone:		13	Cellular Telephone:		14	Home Telephone:		15	Fax Number:	
16	Email Address:										
17	Do you have other businesses that you are operating in Charlotte? Yes No										
18	If “Yes”, list privilege license account number(s), business name(s) and location(s):										

Please refer to the *Classification Codes for Privilege Licenses* for the appropriate tax rate for your business classification.

SECTION 2

Schedule A		Gross Sales/Receipts (Box 21) is required under Schedule A				Minimum \$50			
Classification Code		Class Name		Gross Sales/ Receipts		City Tax (Column 1)			
19		20		21	\$	22	\$		
Schedule B & C		Class Name				City Tax (Column 1)		County Tax (Column 2)	
23	Classification Code(s)	24		25		26			
Interest due \$5.00 minimum the first month or 5% of total, whichever is greater, then 5% per month, maximum penalty 25%.						27	\$	28	\$
Grand Total due (add Schedule A City Tax and Schedule B & C columns 1 and 2) (Make check payable to City-County Tax Collector)						29	\$	Return on or before July 1	

Certification: I hereby certify that I have examined this application. To the best of my knowledge and belief, this is a true and complete application submitted in good faith covering the year specified. This application is in accordance with the records of the reporting taxpayer.

Signature (required): _____ Date: _____
(offical or designated representative)

Print Name: _____ Title: _____

