



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 _____

2013 - 2014 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)	
Classification Code(s)									
23		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: _____
 (official or designated representative)

Print Name: _____ Title: _____

