



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 \_\_\_\_\_

**2014 – 2015 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 e.g., 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"/> Change
5	Enter Corporation/Business Name Change:				
6	Doing Business As/Trade Name: _____				<input type="checkbox"/> Change
7	Business Owner/Partner Name: First		M.I.	Last	
8	Business Description:				
9	Business Location - include suite/ apartment #, city, state & zip code. (Do not use P.O Box #):				<input type="checkbox"/> Change
10	Enter Business Location Change:				
11	Social Security Number (optional):			12	Federal Tax Identification Number (optional):
13	Mailing Address: _____				<input type="checkbox"/> Change
14	Home Telephone:	15	Business Telephone:	16	Fax Telephone:
				17	Cellular Number:
18	Email Address: _____				

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		
<b>Penalties/Additional Tax due</b> \$5.00 minimum the first month or 5% of total, whichever is greater, then 5% per month, with a maximum of 25%.					27	\$	28	\$
<b>Grand Total due</b> (add Schedule A City Tax and Schedule B & C columns 1 and 2) <b>(Make check payable to City-County Tax Collector)</b>					29	\$	<b>Return on or before July 1</b>	

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: \_\_\_\_\_