

City of Graham

P.O. Drawer 357
201 South Main Street
Graham, North Carolina 27253
Tel: (336) 570-6700 / Fax: (336) 570-6703

APPLICATION FOR PRIVILEGE LICENSE

PLEASE CHECK IF: New Applicant Ownership Change
 Name Change Address Change

DATE OF APPLICATION: _____

.....
ARTICLE II, SECTION 14-20, STATES THAT, "ANY PERSON WHO SHALL WILLFULLY MAKE ANY FALSE STATEMENT IN AN APPLICATION FOR A LICENSE UNDER THIS ARTICLE SHALL BE GUILTY OF A MISDEMEANOR, WHICH MAY INCLUDE A FINE WHICH SHALL NOT BE LESS THAN THE AMOUNT OF TAX SPECIFIED UNDER SUCH SECTION AND SHALL BE IN ADDITION TO THE AMOUNT OF SUCH TAX."
.....

1. Name of Business _____

2. Business Street Address _____
City _____ State _____ Zip _____

3. Mailing Address (if different from above) _____
City _____ State _____ Zip _____

4. Business Telephone # _____

5. Fax # _____

6. Federal ID # of Business _____

7. Name of Owner(s) _____

8. Social Security # of Owner(s) _____
9. Home Address of Owner(s) _____
City _____ State _____ Zip _____
10. Home Phone # of Owner(s) _____
11. Name of Manager (if different from owner(s)) _____
12. Exact date of operation that business began or will begin _____
13. Description of Business Activity _____

14. State in detail the types of items sold _____

15. Is Business: _____ Corporation _____ Individual
 _____ Partnership _____ Other
16. Is this location a branch or chain store _____
17. If Restaurant, state seating capacity _____
18. Will there be a lounge or bar? _____
19. If beer and/or wine are sold, please list State Beer & Wine License number
_____ (Must attach copy of State License)
Please check:
Beer on premises _____ Beer off premises _____ Beer on & off premises _____
Wine on premises _____ Wine off premises _____ Wine on & off premises _____
20. Will there be live entertainment? _____
If so, what type _____
21. Hotel or Motel, please list number of rooms _____
22. Beauty salons & Barber shops, list number of operators/chairs _____
23. Comments _____

I affirm, under penalties prescribed by law, that I have examined and understand all information on this application and statement; that to the best of my knowledge and belief, it is true, complete and made in good faith pursuant to the City of Graham Privilege License Tax Ordinance.

Signature of Applicant _____

Relationship to Business _____

Address of Applicant (if different from owner(s)) _____
City _____ State ___ Zip _____

.....
**** OFFICE USE ONLY**

<u>TYPE OF BUSINESS</u>	<u>CODE</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL DUE	\$ _____

Approval of Tax Collector/Signature

Date

**PLEASE MARK AS MANY OF THE FOLLOWING THAT APPLY TO YOUR BUSINESS.
IF NOT LISTED, PLEASE INCLUDE AND EXPLAIN UNDER GENERAL BUSINESS.**

- | | |
|--|--|
| <input type="checkbox"/> ADULT ESTABLISHMENT | <input type="checkbox"/> MACHINE SHOPS & FOUNDRY |
| <input type="checkbox"/> ADVERTISING | <input type="checkbox"/> MACHINERY - SELLING OR DEALING |
| <input type="checkbox"/> ANTIQUE FURNITURE DEALERS | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> AUTOMATIC SPRINKLERS | <input type="checkbox"/> METALLIC CARTRIDGES - SELLING |
| <input type="checkbox"/> AUTOMOTIVE SERVICE STATION | <input type="checkbox"/> MONUMENTS - ERECTING OR SELLING |
| <input type="checkbox"/> AUTOMOTIVE EQUIPMENT & SUPPLY DEALERS | <input type="checkbox"/> MOTORCYCLE DEALERS |
| <input type="checkbox"/> AWNING & TENT MAKERS | <input type="checkbox"/> MOTOR VEHICLE DEALERS |
| <input type="checkbox"/> BAKERY PRODUCTS | <input type="checkbox"/> MOTOR VEHICLE DEALERS - USED |
| <input type="checkbox"/> BARBER SHOP & BEAUTY SALON # OF CHAIRS _____ | <input type="checkbox"/> MOTOR VEHICLE DEALERS - ITINERANT/USED |
| <input type="checkbox"/> BICYCLES - BUYING, SELLING, OR SUPPLIES | <input type="checkbox"/> MUSIC MACHINES - OPERATING, MAINTAINING |
| <input type="checkbox"/> BICYCLES - RENTING OR LEASING | <input type="checkbox"/> NAIL SALON |
| <input type="checkbox"/> BILLIARDS & POOL TABLES | <input type="checkbox"/> PARKS - OPEN TO PUBLIC/PLACES OF AMUSEMENT |
| <input type="checkbox"/> BOTTLERS - DISTRIBUTING OR JOBBING BOTTLED DRINKS | <input type="checkbox"/> PAWNBROKERS |
| <input type="checkbox"/> BRICK DEALERS & COMMISSION MERCHANTS | <input type="checkbox"/> PHOTO ENGRAVING |
| <input type="checkbox"/> CABINET & CARPENTER SHOPS | <input type="checkbox"/> PINBALL MACHINES AND SIMILAR AMUSEMENTS |
| <input type="checkbox"/> CARPET & RUG DEALERS & INSTALLERS | <input type="checkbox"/> PISTOLS/FIREARMS - SELLING |
| <input type="checkbox"/> CHAIN STORES | <input type="checkbox"/> PLUMBERS |
| <input type="checkbox"/> CHECK CASHING | <input type="checkbox"/> POULTRY PROCESSING |
| <input type="checkbox"/> CHILD CARE CENTERS | <input type="checkbox"/> PRINTING ESTABLISHMENTS |
| <input type="checkbox"/> CIGAR, CIGARETTE, & TOBACCO RETAILERS & JOBBERS | <input type="checkbox"/> REPAIR SHOPS - NOT OTHERWISE SPECIFIED |
| <input type="checkbox"/> COLLECTING & CLAIM AGENCIES | <input type="checkbox"/> RESTAURANTS - CARRY OUT ONLY OR 5 SEATS OR LESS |
| <input type="checkbox"/> CONCRETE MANUFACTURERS & READY MIX PLANTS | <input type="checkbox"/> RESTAURANTS - MORE THAN 5 SEATS |
| <input type="checkbox"/> CONTRACTORS - GENERAL | <input type="checkbox"/> RETAIL (GROSS EARNINGS) |
| <input type="checkbox"/> DRY CLEANERS | <input type="checkbox"/> _____ \$25,000 OR UNDER |
| <input type="checkbox"/> ELECTRICIAN | <input type="checkbox"/> _____ \$25,000 TO \$50,000 |
| <input type="checkbox"/> ELEVATORS - INSTALLING | <input type="checkbox"/> _____ \$50,000 TO \$100,000 |
| <input type="checkbox"/> ELEVATORS - REPAIRING | <input type="checkbox"/> _____ OVER \$100,000 |
| <input type="checkbox"/> EMPLOYMENT AGENCIES | <input type="checkbox"/> ROOF PATCHERS, PAINTERS AND/OR REPAIRERS |
| <input type="checkbox"/> ENGRAVERS & LITOGRAPHERS | <input type="checkbox"/> SANDWICHES, WHOLESALE DEALERS |
| <input type="checkbox"/> FERTILIZER MANUFACTURING | <input type="checkbox"/> SCRAP IRON OR METAL - WHOLESALE DEALERS |
| <input type="checkbox"/> FISH & OYSTER DEALER | <input type="checkbox"/> SECURITY, STOCK OR BOND DEALERS |
| <input type="checkbox"/> FLOOR FINISHER | <input type="checkbox"/> SHOE SHOPS |
| <input type="checkbox"/> FLORIST | <input type="checkbox"/> SIGN PAINTING AND REPAIRING |
| <input type="checkbox"/> FORTUNETELLER, CLAIRVOYANTS, & SIMILAR TRADES | <input type="checkbox"/> SIGN ERECTOR |
| <input type="checkbox"/> GAS (BOTTLED) SELLING OR DELIVERING | <input type="checkbox"/> SODA FOUNTAIN AND SOFT DRINKS |
| <input type="checkbox"/> GASOLINE OR OIL - SELLING | <input type="checkbox"/> STORAGE WAREHOUSE |
| <input type="checkbox"/> HEATING CONTRACTOR | <input type="checkbox"/> TAILOR SHOPS |
| <input type="checkbox"/> HOTEL OR MOTEL # OF ROOMS _____ | <input type="checkbox"/> TANNING SALON # OF BEDS _____ |
| <input type="checkbox"/> INSULATION - SELLING OR INSTALLING | <input type="checkbox"/> TAXICAB OPERATION |
| <input type="checkbox"/> JANITOR/CLEANING SERVICE | <input type="checkbox"/> TELEGRAPH COMPANY |
| <input type="checkbox"/> KNIVES, DAGGERS, IRON KNUCKLES - SELLING | <input type="checkbox"/> TEXTILE |
| <input type="checkbox"/> LANDSCAPER | <input type="checkbox"/> UNDERTAKER & COFFIN RETAILER |
| <input type="checkbox"/> LAUNDRIES - OUT OF TOWN | <input type="checkbox"/> VIDEO GAMES - OWNING & OPERATING |
| <input type="checkbox"/> LAUNDRIES - LOCATED IN CITY | <input type="checkbox"/> WATCH REPAIRS |
| <input type="checkbox"/> LOAN AGENCIES OR BROKERS | <input type="checkbox"/> GENERAL BUSINESS |
| <input type="checkbox"/> BEER ON PREMISES | ** PLEASE DESCRIBE BUSINESS _____ |
| <input type="checkbox"/> BEER OFF PREMISES | _____ |
| <input type="checkbox"/> BEER ON & OFF PREMISES | _____ |
| <input type="checkbox"/> WINE ON PREMISES | |
| <input type="checkbox"/> WINE OFF PREMISES | |
| <input type="checkbox"/> WINE ON & OFF PREMISES | |

City Of Graham Waste Survey Short Form

This form has been sent to your business to determine types and sources of wastewater that you are or will be discharging into the Graham Wastewater Treatment Plant. This form must be completed in accordance with Section 13-74A of the City of Graham Sewer Ordinance. The Sewer Use Ordinance can be examined during normal business hours at 1204 East Gilbreath Street, Graham, North Carolina. If you have any questions or concerns when completing the form please contact Scott Pickard, Pretreatment Coordinator, at 336.570.6721.

Name of Business _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____

Number of Employees _____

Number of days per week in operation _____

Briefly describe your business include products manufactured or services

Performed _____

Our Sewer Use Ordinance requires that an Authorized Representative of the User sign all reports to the sewer authority. Authorized Representative is defined as a Person responsible for Principle Business decisions or other policy decisions for the facility.

To the Best of my knowledge the information on this form is true and accurate.

Signature _____ Date _____

Title _____

For Office Use Only

Total water usage per month _____

Site Visit (if needed), Date _____ Insp. Initials _____

Long form required? Yes No