Business License Compliance Package

Your Request 1

This package has been prepared based on the information you provided as detailed below:

Contact Information
John Doe
Martin Shoppes, Inc.
DBA: Nantucket Fashion Shoppe
321-654-0987
compliance@martinshoppes.com

Business Address
305 Route 123 South
Greensboro, NC 27455
County: Guilford County

Area(s) Doing Business In
Greensboro, Guilford County, NC

Business Activity
Retail women's apparel

Products Sold
Women's apparel, casual and dressy footwear, accessories, hats, handbags and specialty gifts.

Your Request
Please provide all license applications required to open our Greensboro, NC location. We also need a sellers permit to purchase merchandise from wholesalers.

Package Contents 2

This package contains the license application that we have identified for you.

Every application is preceded with a cover sheet containing the licensing authority's contact information (name, address, telephone number, etc.) as well as instructions on how to file your application.

This package contains 4 application(s) (listed below)

EIN Registration: SS-4 Application For Employer Identification Number (Federal)

This application also includes the following document(s)
- Employer ID Numbers General Information
- Where to File Your SS-4
- Instructions For Form SS-4
- How To Apply For an EIN

Tax Registration: Form NC/BR - Registration Application For Withholding, Sales, Use, Machinery,

This application also includes the following document(s)
- Withholding Tax Frequently Asked Questions
- Income Tax Withholding Tables and Instructions For Employers
- North Carolina Sales and Use Tax Act

Fictitious Name Registration: Certificate Of Assumed Name For Corporation (Guilford NC)

Business License: Privilege License Application (Greensboro NC)

This application also includes the following document(s)
- Privilege License FAQ's
- Privelge License Application Information And Fee Schedule

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1 **Your Request**
All the information you submitted to us online is clearly organized on the Package cover page.

2 **Package Contents**
Each Package is uniquely assembled to answer your specific request. The table of contents lists the licenses & permits, along with any associated documents, contained in this Package.

Package Scope

This report outlines the license and permit applications we have identified based on the information received from you. The business address you provided us shows that your business is located in the incorporated area of Guilford County in the State of NC.

Overview of Licenses & Permits

Federal Level: We have identified the following license and/or permit application that may be relevant for your retail clothing business:

- EIN Registration: SS-4 Application For Employer Identification Number

State Level: We have identified the following license and/or permit application that may be relevant for your retail clothing business:

- Tax Registration: Form NC/BR - Registration Application For Withholding, Sales, Use, Machinery, Equipment, and Manufacturing Fuel Tax

County Level: We have identified the following license and/or permit application that may be relevant for your retail clothing business located in Guilford County, NC:

- Fictitious Name Registration: Certificate Of Assumed Name For Corporation

Local Level: We have identified the following license and/or permit application that may be relevant for your retail clothing business located in the City of Greensboro, NC:

- Business License: Privilege License Application

3 **Our Findings**
This introduction is an overview of our findings. It lists the licenses & permits you will need to operate your business. It also lists any additional information that may be relevant to your case.

Business License Compliance Package

EIN Registration: SS-4 Application For Employer Identification Number 4
(Federal)

Issuing Authority Information 5

Contact Information
If you have questions regarding this application please contact the issuing authority using the information provided below.

U.S. IRS - Holtsville Processing Center
Attn: EIN Operation
Holtsville, NY 11742
Phone 1: (800)829-4933
Fax: (631)447-8960
Website: http://www.irs.gov/

Mailing Address
Mail the application to the mailing address provided below, unless otherwise noted on the form.

U.S. IRS - Holtsville Processing Center
Attn: EIN Operation
Holtsville, NY 11742

Additional Helpful Information 6

General Notes

Information pertaining to filing this form

- Additional Information: Please see link titled "How To Apply For an EIN" for filing options.

Fee Information 7

Payment is not required when filing this application.

Additional Documents

The following documents have also been included to assist you with this application:

- Employer ID Numbers General Information
  This document is available online by clicking here.
- Instructions For Form SS-4
  This document is available online by clicking here.
- Where to File Your SS-4
  This document is available online by clicking here.
- How To Apply For an EIN
  This document is available online by clicking here.

4 **Application Form Cover Page**
Each application form is preceded by its own cover page. This page contains important information you will need when applying for your license or permit.

6 **Additional Information**
Any other information that may be important when applying for this license or permit is listed here.

5 **Issuing Authority Information**
This section contains the contact information for the Authority that issues the application. Use this information when filing your application or if you need additional information.

7 **Fee Information**
Fee information, such as the application fee amount, the ability to pay at a later date, or information pertaining to what the fee is based on, is listed here.

Form **SS-4**

(Rev. February 2006)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

5b City, state, and ZIP code

6 County and state where principal business is located

7a Name of principal officer, general partner, grantor, owner, or trustor

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ______
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ► ______
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ► ______
- ☐ Other (specify) ►
- ☐ Estate (SSN of decedent) ______
- ☐ Plan administrator (SSN) ______
- ☐ Trust (SSN of grantor) ______
- ☐ National Guard
- ☐ State/local government
- ☐ Farmers' cooperative
- ☐ Federal government/military
- ☐ REMIC
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ► ______

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9 Reason for applying (check only one box)

- ☐ Started new business (specify type) ► ______
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ►
- ☐ Banking purpose (specify purpose) ► ______
- ☐ Changed type of organization (specify new type) ► ______
- ☐ Purchased going business
- ☐ Created a trust (specify type) ► ______
- ☐ Created a pension plan (specify type) ► ______

10 Date business started or acquired (month, day, year). See instructions.

11 Closing month of accounting year

12 First date wages or annuities were paid (month, day, year). **Note.** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . ►

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other

Do you expect to have $1,000 or less in employment tax liability for the calendar year? ☐ **Yes** ☐ **No**. (If you expect to pay $4,000 or less in wages, you can mark yes.)

14 Check **one** box that best describes the principal activity of your business.

- ☐ Health care & social assistance
- ☐ Wholesale–agent/broker
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Accommodation & food service
- ☐ Wholesale–other
- ☐ Retail
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Other (specify)

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . ☐ **Yes** ☐ **No**
Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ► Trade name ►

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code) ( )
Address and ZIP code	Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code) ( )

Name and title (type or print clearly) ►

Applicant's fax number (include area code) ( )

Signature ► Date ►

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.[1] See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a–8a, 8b (if applicable), and 9–16c.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a–6, 7a–b (if applicable), 8a, 8b (if applicable), and 9–16c.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1–5b, 7a–b (if applicable), 8a, 9, and 16a–c.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership)[2]	Complete lines 1–16c (as applicable).
Purchased a going business[3]	Does not already have an EIN	Complete lines 1–16c (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust[4]	Complete lines 1–16c (as applicable).
Created a pension plan as a plan administrator[5]	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a–b, 8a, 9, and 16a–c.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits[6]	Complete lines 1–5b, 7a–b (SSN or ITIN optional), 8a–9, and 16a–c.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1, 2, 3, 4a–6, 8a, 9-11, 12-15 (if applicable), and 16a–c.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a–5b, 7a–b (if applicable), 8a, 9, and 16a–c.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581[7]	Complete lines 1, 2, 4a–5b, 8a, 9, and 16a–c.
Is a single-member LLC	Needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns, **or** for state reporting purposes[8]	Complete lines 1–16c (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation[9]	Complete lines 1–16c (as applicable).

[1] For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

[2] However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

[3] Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

[4] However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

[5] A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

[6] Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

[7] See also *Household employer* on page 3. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

[8] Most LLCs do not need to file Form 8832. See *Limited liability company (LLC)* on page 4 for details on completing Form SS-4 for an LLC.

[9] An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

Business License Compliance Package

Tax Registration: Form NC/BR - Registration Application For Withholding, Sales, Use, Machinery, Equipment, and Manufacturing Fuel Tax
(NC**)**

4

Issuing Authority Information

5

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

North Carolina Dept. of Revenue
501 North Wilmington Street
Raleigh, NC 27604
Phone 1: (877)308-9103
Website: http://www.dor.state.nc.us/index.html

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

North Carolina Dept. of Revenue
501 North Wilmington Street
Raleigh, NC 27604

Additional Helpful Information

6

General Notes

Information pertaining to filing this form

Fee Information

7

Payment is not required when filing this application.

Additional Documents

The following documents have also been included to assist you with this application:

- Withholding Tax Frequently Asked Questions
  This document is available online by clicking here.
- North Carolina Sales and Use Tax Act
  This document is available online by clicking here.
- Income Tax Withholding Tables and Instructions For Employers
  This document is available online by clicking here.

4 **Application Form Cover Page**
Each application form is preceded by its own cover page. This page contains important information you will need when applying for your license or permit.

5 **Issuing Authority Information**
This section contains the contact information for the Authority that issues the application. Use this information when filing your application or if you need additional information.

6 **Additional Information**
Any other information that may be important when applying for this license or permit is listed here.

7 **Fee Information**
Fee information, such as the application fee amount, the ability to pay at a later date, or information pertaining to what the fee is based on, is listed here.

NC-BR
Web-Fill
10-06

Business Registration Application for Income Tax Withholding, Sales and Use Tax, and Machinery, Equipment, and Manufacturing Fuel Tax

North Carolina Department of Revenue

Office Use

I. Identifying Information

1. Federal Employer ID No.: - **or** Proprietor's Social Security No.: - -
2. Type of Ownership: ◯ Proprietorship ◯ C Corp. ◯ S Corp. ◯ LLC ◯ Partnership ◯ LLP ◯ Fiduciary ◯ Other (Identify)
   If a corporation, state of incorporation: If N.C. Corporation or LLC, enter N.C. Secretary of State ID No.:
3. Legal Business or Owner's Name:
4. Trade Name (DBA Name):
5. Daytime Business Phone: 6. Fax Phone:
7. Business Location in N.C.: Street
   (Not P.O. Box Number) City State Zip Code County
8. Is the business located within city or town limits? ◯ Yes ◯ No 9. Number of locations in N.C. Enclose list if more than one.
10. Mailing Address: Street or P.O. Box
    City State Zip Code
11. List primary partners or corporate officers *(President, Vice President, Secretary, and Treasurer)*:

Name	Title	Social Security No.	Address

II. Withholding Tax Section - *Complete to apply for an Income Tax Withholding Number.*

-Do you have employees who are subject to N.C. withholding? ◯ Yes ◯ No -Date when wages were or will first be paid in N.C.:

-Do you make pension payments to N.C. residents? ◯ Yes ◯ No
If yes, do you choose to report the pension payment withholding separately? *(See instructions)* ◯ Yes ◯ No

-Do you pay compensation *(other than wages to employees)* to a nonresident entity or a nonresident individual for personal services performed in N.C.? ◯ Yes ◯ No If yes, do you choose to report this withholding separately? *(See instructions)* ◯ Yes ◯ No

-Amount of tax you expect to withhold each month: ◯ Less than $250 (Quarterly) ◯ $250 - $2,000 (Monthly) ◯ More than $2,000 (Semiweekly)

-If your business is seasonal, fill in circles for months employees are paid: ◯ Jan ◯ Feb ◯ Mar ◯ Apr ◯ May ◯ Jun ◯ Jul ◯ Aug ◯ Sep ◯ Oct ◯ Nov ◯ Dec

III. Sales and Use Tax Section - *Complete to apply for a Sales and Use Tax Number.*

-When will you start selling or purchasing items subject to N.C. sales or use tax? *(You are required to file a return beginning with the month or quarter you indicate.)*

-Will your sales be? ◯ Retail (to users or consumers) ◯ Wholesale (to registered merchants for resale) ◯ Both Retail and Wholesale

-What will you sell? *(Be specific)*

-Are you registering only to remit use tax on purchases? ◯ Yes ◯ No

-Will you sell electricity? ◯ Yes ◯ No -Will you sell telecommunications services? ◯ Yes ◯ No

-Will you sell direct-to-home satellite services? ◯ Yes ◯ No -Will you sell other video programming services? ◯ Yes ◯ No

-Will you lease motor vehicles to others? ◯ Yes ◯ No -Will you sell new tires? ◯ Yes ◯ No

-Will you sell new appliances? ◯ Yes ◯ No -What accounting method will you use? ◯ Cash ◯ Accrual

-Amount of sales tax expected each month: ◯ Less than $100 (Quarterly) ◯ $100 - $10,000 (Monthly) ◯ $10,000 or more (Semimonthly)

-If your business is seasonal, fill in circles for months of sales: ◯ Jan ◯ Feb ◯ Mar ◯ Apr ◯ May ◯ Jun ◯ Jul ◯ Aug ◯ Sep ◯ Oct ◯ Nov ◯ Dec

IV. Machinery, Equipment, and Manufacturing Fuel Tax Section - *Complete to apply for a number to remit tax on purchases of machinery, equipment, or manufacturing fuel.*

-Are you registering to remit tax on purchases of machinery or recycling equipment? ◯ Yes ◯ No

-Are you registering to remit tax on purchases of fuel to operate a manufacturing industry or plant? ◯ Yes ◯ No

V. Signature:

______________________________ Title: ____________________ Date: ____________________

I certify that, to the best of my knowledge, this application is accurate and complete.

Mail to: N.C. Department of Revenue, P. O. Box 25000, Raleigh, NC 27640-0100

Income Tax Withholding

Wages: North Carolina law requires withholding of income tax from salaries and wages of all residents regardless of where earned and from wages of nonresidents for personal services performed in this State. The tax must be withheld from each payment of wages, and is considered to be held in trust until it is paid to the Department of Revenue. Due date requirements for reporting and paying the tax depend on the amount of tax withheld each month. Employers withholding less than $250 per month report and pay quarterly. Employers who, on average, withhold at least $250 but less than $2,000 per month report and pay monthly. Employers who, on average, withhold $2,000 or more per month make payments on the dates federal deposits are required and file quarterly reports.

Pension Payments: If you are required to withhold federal tax under section 3405 of the Internal Revenue Code on a pension payment to a N.C. resident, you must also withhold State income tax unless the recipient elects no withholding. You must withhold on periodic payments as if the recipient is a married person with three allowances unless the recipient provides an exemption certificate (Form NC-4P) reflecting a different filing status or number of allowances. For nonperiodic distributions, 4% of the tax must be withheld. **Reporting and Paying Pension Withholding:** If you already have a wage withholding identification number, you can report and pay the pension withholding with your wage withholding **or** you may choose to report and pay the withholding tax separately. If you choose to pay pension withholding with wage withholding, you do not have to complete this form. However, if you choose separate reporting of wage and pension withholding, or if you report only pension withholding, you must complete and file this form to obtain a new identification number.

Other Compensation: If you pay non-wage compensation of more than $1,500 during the calendar year to a nonresident contractor for personal services performed in N.C. in connection with a performance, an entertainment or athletic event, a speech, or the creation of a film, radio, or television program, you must withhold N.C. income tax at the rate of 4% from this non-wage compensation. **Reporting and Paying Withholding from Non-wage Compensation:** If you already have a wage withholding identification number, you can report and pay the non-wage withholding with your wage withholding **or** you may choose to report and pay the withholding tax separately. If you choose to pay non-wage withholding with wage withholding, you do not have to complete this form. However, if you choose separate reporting of wage and non-wage compensation, or if you report only non-wage withholding, you must complete and file this form to obtain a new identification number. **For detailed instructions on reporting and paying tax withheld from wages, pensions, and other compensation, see Form NC-30, Income Tax Withholding Tables and Instructions for Employers. Form NC-30 is available on the Department's website at www.dornc.com.**

Sales and Use Tax

Every person who engages as a retailer or wholesale merchant in the business of selling, renting, or leasing taxable tangible personal property in this State or who operates a laundry, dry cleaning plant, or similar business in this State, or a hotel, motel, or similar business in this State must obtain a Certificate of Registration. A Certificate of Registration allows the merchant to issue a Certificate of Exemption to obtain property for resale without paying the sales tax. A purchaser is liable for a $250 penalty for misuse of a Certificate of Exemption. See the certificate for instructions on its proper use.

Every business that buys taxable tangible personal property from out-of-state vendors for storage, use, or consumption in North Carolina is required to obtain a Users or Consumers Use Tax Registration unless the business is registered for sales and use tax or has paid all taxes due on their purchases. Individuals making non-business purchases should remit the use tax due on their North Carolina Individual Income Tax Return and are not required to register.

Machinery, Equipment, and Manufacturing Fuel Tax

Every manufacturing industry or plant, major recycling facility, research development company, and every contractor or subcontractor that performs contracts with a manufacturing industry or plant is required to register and remit the 1% tax with an $80 maximum per article when purchasing mill machinery, mill machinery parts or accessories, or equipment for storage, use, or consumption in this State. Every manufacturing industry or plant that purchases fuel to operate that industry or plant is also required to register and remit the 1% tax on the sales price of fuel.

Business Registration Application Instructions

Step 1 - Complete Section I, Identifying Information. Use blue or black ink.

- Line 1 Enter your Federal Employer's Identification Number. If you have applied for the number, but have not yet received it, enter "applied for" and furnish the number as soon as it is available. **Important:** Federal employer identification numbers are required of all partnerships. If the business is a proprietorship, enter the Social Security Number of the owner.
- Line 3 If the business is a sole proprietorship, enter the name of the owner. If the business is a corporation or a LLC, enter the legal name. The legal name of the N.C. corporation or LLC is the name shown on the Articles of Incorporation or Articles of Organization filed with the Secretary of State. The legal name of an out-of-state corporation or LLC is the name shown on the Certificate of Authority issued by the Secretary of State. If the business is a partnership, enter the legal name of the partnership and list the partners' names in Item 11.
- Line 4 Enter the trade name by which your business is known to the public.
- Line 7 Enter the address of the actual business location, not the home address of an individual owner or a representative in N.C.

Step 2 - Complete Section II if you are applying for an Income Tax Withholding Number.

Step 3 - Complete Section III if you are applying for a Certificate of Registration, also known as a Sales and Use Tax Number, or for a Users or Consumers Use Tax Registration.

Step 4 - Complete Section IV if you are applying for a number to remit the machinery, equipment, and manufacturing fuel tax.

Step 5 - Sign the application and mail it to P.O. Box 25000, Raleigh, NC 27640-0100. The application must be signed by the owner, a partner, a corporate officer, or another authorized individual. Questions can be directed to 1-877-252-3052 (toll-free).

NOTE - The Department will assign you a withholding, sales and use tax, and machinery, equipment, and manufacturing fuel tax account number as appropriate, after this application is processed. Use the assigned number to make your tax payments. The amount of tax withheld or any sales tax collected is deemed by law to be held in trust by you for the State of N.C. Failure to remit or any misapplication of these funds to the Department of Revenue could result in criminal action.

Fictitious Name Registration: Certificate Of Assumed Name For Corporation

4

(Guilford NC)

Issuing Authority Information

5

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Guilford County Register of Deeds
201 South Eugene Street
Lower Level, Room L53
PO Box 3427
Greensboro, NC 27402
Phone 1: (336)641-7556
Website:
http://gcms0004.co.guilford.nc.us/departments/rod/index.php

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Guilford County Register of Deeds
201 South Eugene Street
Lower Level, Room L53
PO Box 3427
Greensboro, NC 27402

Additional Helpful Information

6

General Notes

Information pertaining to filing this form

- The following special signature/seal are required: (Notary Public , Seal)

Fee Information

7

This application requires you to pay a fee to the licensing authority. The fee should be submitted with the application.
The fee varies and is based on the following:
- Number of Pages - (Filing fee for the first page: $14.00. || Filing fee for each additional page: $3.00)

Payment

If paying by check, make check payable to: Guilford County

4 **Application Form Cover Page**
Each application form is preceded by its own cover page. This page contains important information you will need when applying for your license or permit.

6 **Additional Information**
Any other information that may be important when applying for this license or permit is listed here.

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This section contains the contact information for the Authority that issues the application. Use this information when filing your application or if you need additional information.

7 **Fee Information**
Fee information, such as the application fee amount, the ability to pay at a later date, or information pertaining to what the fee is based on, is listed here.

CERTIFICATE OF ASSUMED NAME FOR CORPORATION

The undersigned corporation, proposing to engage in business in ____________________County, North Carolina, under an assumed name other than its corporate name, hereby certifies that:

1. The assumed name under which the business is to be conducted is:

____

2. The names and address of the owner(s) of the business is (are):

____

____

____

In witness whereof, this certificate is signed in the name of the corporation by its ________________________
(Title)

this _________ day of _____________________, 20______.

____
(Name of Corporation)

By:____
(Signature and Title)

 Revised 9/8/2006

Notary Acknowledgment for the "Certificate of Assumed Name for Corporation"

State of ________________________________

County of ______________________________

I, ____________________________________, a Notary Public for ________________________ County,

State of _________________________________, certify that ___________________________________,

personally appeared before me this day and acknowledged that he/she is _______________________________,
(Title of Official)

of ____________________________________ Corporation, and that he/she as ____________________________,
(Name of Corporation) (Title of Official)

being authorized to do so, executed the foregoing instrument on behalf of the said corporation.

Witness my hand and official seal, this the ______day of ______________, _________.

(Official Seal of
Officer taking
Acknowledgment)

____
Notary Public

My Commission Expires:__________________________
Month/Day/Year

Business License Compliance Package

Business License: Privilege License Application 4
(Greensboro NC)

Issuing Authority Information 5

Contact Information
If you have questions regarding this application please contact the issuing authority using the information provided below.

Greensboro Finace Department
300 West Washington Street
PO Box 3136
Greensboro, NC 27402
Phone 1: (336)373-2501
Phone 2: (336)373-2310
Fax: (336)373-4393
Website:
http://www.greensboro-nc.gov/Departments/finance1/

Mailing Address
Mail the application to the mailing address provided below, unless otherwise noted on the form.

Greensboro Finace Department
P.O. BOX 3136
Greensboro, NC 27402

Additional Helpful Information 6

General Notes

Information pertaining to filing this form

- Additional Information: An additional fee will be added on to the Privilege Application License fee to become a Specialty Business License.

Fee Information 7

This application requires you to pay a fee to the licensing authority. The fee should be submitted with the application.
The fee varies and is based on the following:
- Gross Receipts

Payment
If paying by check, make check payable to: City of Greensboro

Additional Documents

The following documents have also been included to assist you with this application:

- Privilege License FAQ's
  This document is available online by clicking here.
- Privelge License Application Information And Fee Schedule
  This document is available online by clicking here.

4 **Application Form Cover Page**
Each application form is preceded by its own cover page. This page contains important information you will need when applying for your license or permit.

6 **Additional Information**
Any other information that may be important when applying for this license or permit is listed here.

5 **Issuing Authority Information**
This section contains the contact information for the Authority that issues the application. Use this information when filing your application or if you need additional information.

7 **Fee Information**
Fee information, such as the application fee amount, the ability to pay at a later date, or information pertaining to what the fee is based on, is listed here.

City of Greensboro
Collections Division
PO Box 26118, Greensboro, NC 27402-6118
Phone (336) 373-2501 FAX (336) 373-4393

Privilege License Application
License Year 2006-2007

A

1. Business Name:

____

____

2. Local Business Address (No PO Box Numbers)
   Street: ____
   City: ______________________ State: _______ Zip Code: ______________

3. Mailing Address (if different)
   Street: ____
   City: ______________________ State: _______ Zip Code: ______________

B

Check one:

___ Individual (List names and addresses below)
___ Partnership (List names and addresses below)
___ LLC (List names and addresses below)
___ Corporation (List president and secretary's names and home addresses below)

1. Name: ______________________________ Title: ____________________
   Home Address
   Street: ____
   City: ______________________ State: _______ Zip Code: ______________

   Name: ______________________________ Title: ____________________
   Home Address
   Street: ____
   City: ______________________ State: _______ Zip Code: ______________

2. Business Phone Number: Area Code (______) ________________________
   Manager's Name: ____
   Alternate Phone Number: Area Code (_____) ____________________

3. Does firm own the building? _____Yes _____No
If no, leased/rented from ____

4. Date business started in Greensboro: ____
Number of employees at this location: ______________________
Fiscal year ends: ____

C

Description of Business Activity:

____

____

____

____

D

Check each activity that applies to your business:

___Retail Sales
___Service Business
___Food/Restaurant Services
___Other (Please describe below)
___Wholesale Sales
___Building/Trade Contractor
___Beer/Wine Sales
___Manufacturing
___Vehicle Repair/Service

____

____

____

____

____

It is understood by the applicant that issuance of a privilege license does not constitute acceptance approval of the use of the named location against existing building, zoning or fire prevention codes. A licensee shall remain fully liable and responsible for bringing the premises and all business operations into full compliance with such codes. All applicants are encouraged to contact the City of Greensboro Zoning and Building Inspection Divisions and the Fire Prevention Bureau to determine which regulations may apply to a particular business.

Signature: ____

Title: ____

Instructions:

1. Click the PRINT button on your computer.

2. Complete the application in handwritten or typed form.

3. Mail the completed application to the Collections Division.

Thank you!

Business License Compliance Package

Need Help?

If you have questions regarding a specific license or permit application, please contact the licensing authority using the contact information provided on the application coversheet preceding the specific application.

Have questions about the content of this package? Please contact us using the contact information provided below. Please note: questions that are of a nature that require additional research not covered in this report will be subject to additional charges.

Customer Service Representative:
Ashley Shaw
Licensing Consultant
Tel: [illegible]
Email: [illegible]

Feedback

[illegible] Your feedback is important to us and will help us improve the services we provide. We welcome your comments and suggestions at [illegible]

Legal Disclaimer:

[illegible]

[illegible]

This report, and the related form(s), are not intended to provide legal, business or tax advice. They are provided for informational purposes only and are not and should not be construed as legal advice. While this report and the related form(s) are believed to satisfy minimum legal requirements, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this report. No representations or warranties, expressed or implied, are given regarding the legal or other consequences resulting from the use of our services, reports, or forms. If you wish to ask for legal advice about how the license and permit rules and regulations may apply to your specific situation, you should consult the licensing authority or your attorney.
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