



# TOWN OF LIBERTY PRIVILEGE LICENSE APPLICATION

Phone # (336) 622-4276

Fax # (336) 622-1890

APPLICANT NAME \_\_\_\_\_

TRADING AS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_

NAME & PHONE # OF OWNER \_\_\_\_\_

TYPE & DESCRIPTION OF BUSINESS PERFORMED \_\_\_\_\_

FEDERAL TAX OR SOCIAL SECURITY # \_\_\_\_\_

STATE CONTRACTOR LICENSE # (if applicable) \_\_\_\_\_

DO YOU WISH TO RENEW THIS LICENSE NEXT YEAR? \_\_\_\_\_

In accordance with Chapter 8, Article I, Section 8-2 of the Town of Liberty Code of Ordinances, this ordinance is enacted for revenue purposes only. In addition, Chapter 8, Article III, Section 8-11 is enacted for the purpose of refusal or revocation of a license. Issuance of a license in accordance with this ordinance does not excuse a licensee from compliance with any other applicable ordinance or statute.

I hereby certify that I have made inquiry concerning the regulations of the Town of Liberty and the business to be conducted will fully comply with the requirements and with all town ordinances and state laws regarding same. I understand that I am subject to periodic inspections in accordance with NC General Statute 160A-424.

**FOOD HANDLING ESTABLISHMENTS:** A copy of the Randolph County Health Permit must be attached before issuance of license.

**ABC PERMIT ESTABLISHMENTS:** Copies of all temporary or permanent ABC permits are required.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

July 1, 2005