

CITY OF WINSTON-SALEM PRIVILEGE LICENSE APPLICATION				Office Use
				By: _____
				Date: _____
				Rcpt#: _____

City Ord.	Description	Units (When Applicable)	Tax Amount	Due Dates
				Beer & Wine Due 05/01
				All Others Due 07/01
				Penalties Begin 1st Day After Due Date
				5% Per Month \$5.00 Minimum
Business Name and Address			Penalties Tax Amount Due	
Lic. Year:			Account Number	

Business Name _____

Name of business Owner or business President _____

Business address & Telephone number _____

Location Of Business-Street Name & Number _____

Date business began operating _____

E-Mail Address _____

It is the **duty** of the **taxpayer** to verify licensing requirements. This notice shall be conclusively presumed, whether or not the person, firm, or corporation has actual notice. Failure to comply is a misdemeanor punishable as provided in N. C. G. S. 14-4.

The undersigned certifies that statements made in this application are true and inclusive of all types of businesses to the best of my knowledge and beliefs. The City of Winston-Salem reserves the right to examine documentation supporting information provided herein.

Please check if you are a minority or woman owned business _____

Signature of Applicant _____ Date _____

**CITY OF WINSTON-SALEM, REVENUE DIVISION
PRIVILEGE LICENSES**

ATTN: PRIVILEGE LICENSES

**POST OFFICE BOX 2756
WINSTON-SALEM, NORTH CAROLINA 27102**

VOICE (336) 747-6954 FACSIMILE (336) 747-6918

www.cityofws.org

**SUITE 121, 100 EAST FIRST STREET
WINSTON-SALEM, NORTH CAROLINA 27101**