



## TOWN OF DOBSON PRIVILEGE LICENSE APPLICATION

### Business Information:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Owner's Information:

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

### Applicant Information:

Applicant's Name: \_\_\_\_\_

Relationship to  
Business: \_\_\_\_\_

I hereby certify that I have made inquiry concerning the regulations of the Town of Dobson and that 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 160-424.

This Schedule B Privilege License only permits the above listed person from engaging in a particular occupation or business activity under the above listed business name within the taxing jurisdiction. This license does not permit anyone affiliated with the business to engage in any other activity for which a separate permit (building, zoning, etc.) is required. Contact the Town of Dobson (336.356.8962) or the Surry County Planning Department (336.401.8350) for more information.

SIGNED \_\_\_\_\_

TITLE / POSITION \_\_\_\_\_

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Total Fees Collected: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Received By: \_\_\_\_\_ License #: \_\_\_\_\_