

# Business License Compliance Package

## Your Request

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

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
- Privilege License Application Information And Fee Schedule

brought to you by:



# Business License Compliance Package

## Our Findings

### 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

brought to you by:



# Business License Compliance Package

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

( Federal)

### Issuing Authority Information

#### 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

### Fee Information

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](#).

### Additional Helpful Information

#### General Notes

#### Information pertaining to filing this form

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

brought to you by:



# Application for Employer Identification Number

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

OMB No. 1545-0003

EIN

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

Type or print clearly.

<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested	
<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)
<b>4b</b> City, state, and ZIP code	<b>5b</b> City, state, and ZIP code
<b>6</b> County and state where principal business is located	
<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustor	<b>7b</b> SSN, ITIN, or EIN

**8a Type of entity** (check only one box)

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

<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> 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.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> 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
--	----------------------------	--------------

<b>Third Party Designee</b>	Complete this section <b>only</b> 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.

Name and title (type or print clearly) ▶ \_\_\_\_\_ Applicant's telephone number (include area code)  
( )

Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_ Applicant's fax number (include area code)  
( )

## 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.<sup>1</sup> 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) <sup>2</sup>	Complete lines 1–16c (as applicable).
Purchased a going business <sup>3</sup>	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 <sup>4</sup>	Complete lines 1–16c (as applicable).
Created a pension plan as a plan administrator <sup>5</sup>	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 <sup>6</sup>	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 <sup>7</sup>	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, <b>or</b> for state reporting purposes <sup>8</sup>	Complete lines 1–16c (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	Complete lines 1–16c (as applicable).

<sup>1</sup> 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.

<sup>2</sup> 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).

<sup>3</sup> Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> 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.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

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

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

<sup>8</sup> 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.

<sup>9</sup> 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 )

### Issuing Authority Information

#### 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

### Fee Information

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](#).

### Additional Helpful Information

#### General Notes

#### Information pertaining to filing this form

brought to you by:



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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

## 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-4 P) 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.dorncc.com](http://www.dorncc.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.



# Business License Compliance Package

## Fictitious Name Registration: Certificate Of Assumed Name For Corporation

(Guilford NC)

### Issuing Authority Information

#### 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

### Fee Information

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**

### Additional Helpful Information

#### General Notes

#### Information pertaining to filing this form

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

brought to you by:



**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)

**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

(Greensboro NC)

### Issuing Authority Information

#### Contact Information

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

#### Greensboro Finance 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 Finance Department

P.O. BOX 3136

Greensboro, NC 27402

### Fee Information

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](#).

- Privilege License Application Information And Fee Schedule

This document is available online by clicking [here](#).

### Additional Helpful Information

#### 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.

brought to you by:



**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                       Wholesale Sales                       Manufacturing  
 Service Business                       Building/Trade Contractor                       Vehicle Repair/Service  
 Food/Restaurant Services                       Beer/Wine Sales  
 Other (Please describe below)

---

---

---

---

---

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:

Amanda Beren

Sr. Business Start-Up Consultant

Tel: 888-302-4399

Email: [ABeren@CorpNet.com](mailto:ABeren@CorpNet.com)

## Feedback

---

Thank you for using CorpNet for your license and permit needs. Your feedback is important to us and will help us improve the services we provide. We welcome your comments and suggestions via email.

Email: [Info@CorpNet.com](mailto:Info@CorpNet.com)

### Legal Disclaimer:

Corpnet, Incorporated provides professional research services, and online form preparation and filing services in Business Licenses and Permits. We are not a law or accounting firm, and we do not provide legal or financial advice.

This site is not intended to create an attorney-client relationship, and by using Corpnet.com; no attorney-client relationship will be created with Corpnet, Incorporated. Instead, you are representing yourself in any legal matter you undertake through Corpnet.com services. At no time do we draw legal conclusions, provide legal advice or apply the law to the facts of your particular situation. This website is NOT a substitute for the advice of an attorney.

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.

The Terms and Conditions governing our services are incorporated herein by reference: <http://www.corpnet.com/legal/>

Brought to You By:



[www.corpnet.com](http://www.corpnet.com)