



Town of Carthage

BUSINESS REGISTRATION FORM FISCAL YEAR 2020—2021

Name of Business: _____

Business Owner's Name: _____

Business Physical Address: _____

Business Mailing Address: _____

Business Phone: _____

Business Fax Number: _____

Business Website: _____

Business Email: _____

Business Owner's Phone: _____

Business Owner's Email: _____

Business Hours of Operation:

DAY	OPEN	CLOSE
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

- Does this business stock or sell for OFF-premises use?
☐ Beer ☐ Wine

- Does this business stock or sell for ON-premises use?
☐ Beer ☐ Wine

*** Note: Additional licenses are required for the sale of beer and wine.*

- Does this business a branch or franchised business?
☐ Yes ☐ No

- Is this business licensed or regulated by the State of North Carolina? ☐ Yes ☐ No

- Does this business buy or sell any military surplus, pistols, gun cartridges, ammunition, or metallic cartridges? ☐ Yes ☐ No

Briefly describe the type of business conducted at the above address:
