

**TOWN OF GARNER**

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Garner, North Carolina 27529  
Phone (919) 773-4411

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**PRIVILEGE LICENSE APPLICATION**

PLEASE PRINT CLEARLY

Date: \_\_\_\_\_

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

Business Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

Mailing Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

Owner's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

SSN/FID \_\_\_\_\_ Contractor's Local ID \_\_\_\_\_ State ID \_\_\_\_\_

*To Conduct the Following Business:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: \_\_\_\_\_ Home Occupation: \_\_\_\_\_ YES \_\_\_\_\_ NO

Privilege License Tax \$ \_\_\_\_\_ ANNUALLY

I affirm that the statements made in the foregoing application are true to the best of my knowledge.

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

**ZONING COMPLIANCE CERTIFICATION  
(TO BE COMPLETED FIRST)**

**Please note:** All privilege license applications must be approved by the Planning Department and Fire Inspector.

Planning Department Approval by: \_\_\_\_\_ Date \_\_\_\_\_

Fire Inspector Approval by: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**TOWN OF GARNER POLICE & FIRE INSPECTOR  
EMERGENCY CONTACT SHEET**

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

Business Location: \_\_\_\_\_

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

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

Owner(s) Name: \_\_\_\_\_

Owner(s) Phone Number: \_\_\_\_\_

In Case of Emergency –

1<sup>st</sup> Contact Name & Phone #: \_\_\_\_\_

2<sup>nd</sup> Contact Name & Phone #: \_\_\_\_\_

3<sup>rd</sup> Contact Name & Phone#: \_\_\_\_\_

Is there a security alarm at the place of business?      YES \_\_\_\_\_ NO \_\_\_\_\_

Alarm Company Name and Phone #: \_\_\_\_\_

Is there a fire alarm at this place of business?      YES \_\_\_\_\_ NO \_\_\_\_\_

Alarm Company Name and Phone #: \_\_\_\_\_

MISCELLANEOUS INFORMATION:

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