



# Town of Mooresville

413 NORTH MAIN STREET  
PO BOX 878  
MOORESVILLE, NORTH CAROLINA 28115  
PHONE (704)663-3800 FAX (704)663-7386

## BUSINESS LICENSE APPLICATION

1. CIRCLE ONE: Individual Partnership Corporation Other \_\_\_\_\_  
Type

2. Business Start Date: \_\_\_\_\_

3. \_\_\_\_\_  
Business Name/DBA Parent Corporation (if applicable)

4. \_\_\_\_\_  
Business Location City State Zip

5. \_\_\_\_\_  
Mailing Address City State Zip

6. \_\_\_\_\_  
Business Phone # Manager/Owner's Name Manager/Owner's Phone #

7. Business fax # \_\_\_\_\_ 8. Tax ID/SS # \_\_\_\_\_

9. Nature of Business (explain) \_\_\_\_\_

10. Circle machines on your premise (if applicable): Video, Pinball, Music, Vending, Mechanical Rides, Pool Tables

11. Does the company own or lease the building? Own or Lease

12. Shopping Center Location (if applicable) \_\_\_\_\_

13. By my signature below, I certify that the physical location where I will carry out my business, trade, employment, or profession is legally zoned for the location where the business will be physically located regardless of whether the applicant is the owner of the property.

14. By my signature below, I understand that the issuance of a license does not constitute regulatory approval and does not excuse a licensee from compliance with any other applicable ordinance, regulation, or statute. I understand that by issuing a license, the Town has not determined that the recipient is in compliance with any applicable local, state or federal regulation or law or that the recipient is otherwise engaged in a legal activity or operating a business in a legal manner.

\_\_\_\_\_  
Signature Date

FOR OFFICE USE ONLY	
Is the address given on this application where the business is located zoned for this type of business?	
( ) Yes ( ) No _____	_____
Planning Director or Designee	Date
License approved on _____ by _____	