## City of Roanoke Rapids Privilege License Application

## **TERM OF LICENSE:**

Regular ...... July 1 through June 30 Beer & Wine ...... May 1 through April 30



| P. O. Box 38, 1040 Roanoke Avenu | e Roanoke Rapids, N. C.    | 27870 Phone (252) 533-2 | 842 Fax (252) 533-2836 |
|----------------------------------|----------------------------|-------------------------|------------------------|
| DI -                             |                            |                         |                        |
|                                  |                            |                         |                        |
| Contact Person:                  |                            |                         |                        |
| Telephone Number:                |                            |                         |                        |
| Mailing Address (if di           | fferent):                  |                         |                        |
|                                  |                            |                         |                        |
| Type of Business (ple            | ase check all tha          | t apply):               |                        |
| Regular: Taxicab _               |                            |                         |                        |
| _                                | e                          |                         |                        |
|                                  |                            | _                       |                        |
| Beer: On                         | Premises                   | Off Premises            | Wholesale              |
| Wine: On                         | Premises                   | Off Premises            | Wholesale              |
| North Carolina A                 | ABC Permit:                |                         |                        |
|                                  |                            |                         |                        |
|                                  | License/Permit #: Expires: |                         | _                      |
| License/Permit #                 | Liconson offilit π Expires |                         |                        |

Date

Signature of Applicant

<sup>\*\*</sup> A <u>Business Registration Application</u> is also required.