

Town Of Holden Beach
Business License
110 Rothschild Street
Holden Beach NC 28462
July 1, 2009 thru June 30, 2010

NAME OF BUSINESS _____

LOCAL BUSINESS ADDRESS _____

BUSINESS OR HOME TELEPHONE _____

PAGER OR MOBILE NUMBER _____

TO CONDUCT THE FOLLOWING BUSINESS: **LICENSE TAX**

_____ \$ _____

_____ \$ _____

IF STATE LICENSE NUMBER IS REQUIRED, PLEASE ENTER BELOW

CONTRACTOR _____ PLUMBING _____

OTHER _____ ELECTRICAL _____

PLEASE SEND APPLICATION ALONG WITH YOUR CHECK, TO TOWN OF HOLDEN BEACH, P.O. BOX 449 SUPPLY, NC 28462.

I solemnly swear that the statements made in the foregoing application are true to the best of my knowledge and belief.

Dated this _____ day of _____, 2009.

Name (Please Print)

Signature

Title