



Town of Carthage

BUSINESS REGISTRATION FORM

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:
