



THE CITY OF  
**Reidsville**  
NORTH CAROLINA

**PRIVILEGE LICENSE APPLICATION**

City of Reidsville  
Finance Department  
230 W. Morehead Street  
Reidsville, NC 27320  
Ph (336) 349-1001  
Fax (336) 349-1005

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

Customer Number: \_\_\_\_\_ (Office Only)

Customer Name/Business Name: \_\_\_\_\_  
(This is name that appears on the license)

Street Address: \_\_\_\_\_  
(Location of the Business or Rental Property)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from the Street Address-where the license should be mailed)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(This is the owner/manager/responsible party)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Description: \_\_\_\_\_

*~Your license will be mailed to the address indicated~*

\*\*\*\*\*

**Office Use Only:**

License Category: \_\_\_\_\_

License Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_