



**TOWN OF WINTERVILLE PRIVILEGE LICENSE APPLICATION**  
**PO BOX 1459**  
**WINTERVILLE, NC 28590**  
**PHONE NUMBER: (252)756-2221 FAX NUMBER: (252) 321-8455**

APPLICANT NAME (Your Name) \_\_\_\_\_

TRADING AS (Business Name) \_\_\_\_\_

MAILING ADDRESS (Billing Correspondence) \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

BUSINESS PHYSICAL ADDRESS & NUMBER \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code) (Business Phone Number)

NAME AND PHONE NUMBER OF OWNER \_\_\_\_\_

TYPE OF BUSINESS PERFORMED \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_ OPENING DATE \_\_\_\_\_

FEDERAL TAX OR SOCIAL SECURITY NUMBER \_\_\_\_\_

STATE CONTRACTOR LICENSE NUMBER (If Applicable) \_\_\_\_\_

DO YOU WISH TO RENEW THIS LICENSE NEXT YEAR? \_\_\_\_\_

I hereby certify that I have made inquiry concerning the regulations of the Town of Winterville and that the business to be conducted will fully comply with the requirements and with all Town ordinances and State Laws regarding same. I understand that I am subject to periodic inspection in accordance with NC General Statute 160-424.

In accordance with Chapter 110 of the Town of Winterville Code of Ordinances, this ordinance is enacted for revenue purposes only. In addition, issuance of a license in accordance with this ordinance does not excuse a license from compliance with any other applicable ordinance or statute.

**FOOD HANDLING ESTABLISHMENTS:** A copy of the Pitt County Health Permit must be attached before issuance of license.

Copies of all temporary or permanent ABC permits are required.

\_\_\_\_\_  
Signature of Applicant Date