

City of Saluda
Tax Collector's Office
P.O. Box 248 Saluda, NC 28773
Phone # (828) 749-2581 Fax # (828) 749-2373

Privilege License Application

Date of Application _____

1. Name of Business or Applicant _____

2. Business Mailing Address _____
(Street or Post Office Box)

(City) (State) (Zip Code)

3. Business Physical Location _____
(Street)

(City) (State) (Zip Code)

4. Type of Business: ____ Sole Proprietorship ____ Partnership ____ Corporation

5. Business Phone # (____) _____ Fax # (____) _____

6. Emergency Phone # (____) _____

7. Is this Business Incorporated ____ Yes ____ No

8. Social Security # _____ or Federal ID # _____

9. Owner (s) of Business :

Name (s)

Signature (s)

Owner's Home Phone # (____) _____

Owner's Address _____

10. Description of Business : _____

11. State License (if applicable) _____ Check Here if One Time Job _____

Fees must accompany application. Make checks payable to the "City of Saluda". License will be issued upon receipt of required fees. Saluda Privilege Licenses are issued for the fiscal year, beginning on July 1, and ending on June 30. Further information may be obtained from the City Clerk's office at City Hall.

