



City of Winston APPLICATION FOR BUSINESS LICENSE

Please type or print clearly

Application Date: _____

Name of Business: _____

Business Location: _____

Business Mailing Address: _____

Name of Applicant: _____

First Middle Last Date of Birth Owner Manager

OR Drivers' License # _____ CCB # (if applicable) _____

Business Phone: _____ Emergency Phone: _____

Name of Property Owner (if different from Business Owner): _____

Type of Business: _____

Please give a brief description of the kind of business activity to be conducted.

Approximate square footage of building devoted to this business: _____

Number of parking spaces on the property for this business: _____

Briefly describe any planned enlargement or structural alteration of the building: _____

Will you be erecting a new sign, or replacing or altering an existing sign on the building or property? No Yes

Signature of Applicant

Signature of Business Owner (if different)

License Fee: \$ _____

Filing Date: _____ Receipt No. _____

Zoning: _____ Home Occupation/CUP? No Yes

Change in Occupancy No Yes

Sign Permit Required? No Yes Other Permits Required? _____

Reviewed By Winston Police Department: _____ Date _____ By: _____

Approved By City Council: _____ Date _____

Signed: _____ Date: _____
City Recorder