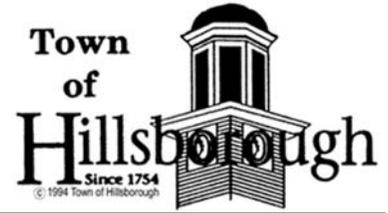


Town of Hillsborough
P.O. Box 429
Hillsborough, NC 27278



SINGLE-DAY PREPAID FOOD & BEVERAGE TAX APPLICATION INSTRUCTIONS

Please submit a signed and completed application (including payment) in person or via U.S. Mail before conducting business within the Town's jurisdiction. The only acceptable form of payment is a personal or business check. Please do not mail cash.

If submitting your application in person, please visit the Town of Hillsborough Finance Department located in the Town Annex at 137 N. Churton St, Hillsborough, NC 27278.

If submitting your report via U.S. Mail, please mail your application and check to:

Town of Hillsborough Finance Dept.
Attn: Accounts Payable, Food & Beverage
P.O. Box 429
Hillsborough, NC 27278

Any questions pertaining to the Town's Food & Beverage Tax may be submitted via e-mail to Accounts.Payable@HillsboroughNC.org or via phone by calling (919) 732-2104.

TOWN OF HILLSBOROUGH • SINGLE-DAY PREPAID FOOD & BEVERAGE TAX APPLICATION

A) Legal Name of Business _____
*Use individual/owner name if no business name

Doing Business As _____
*Use individual/owner name if no business name

Operator of Business _____
*Provide responsible individual's name (print)

B) Mailing Address _____

Location(s) Where Conducting Business _____

Phone # _____

E-Mail _____

C) Date(s) of Event(s)/Sales: _____

*MM/DD/YYYY, MM/DD/YYYY, etc.

D) Mode of Business:

Brick & Mortar Stand / Tent
Door-to-Door Vehicle-Based

Nature of Business _____

*What will you be selling?

Will you sell any prepared food? Yes No

Will you sell any prepared beverages? Yes No

Will you sell any beer and/or wine?
*If yes, Hillsborough Beer and/or Wine Business License Application is required

Beer: Yes No
Wine: Yes No

Do you have a Hillsborough Beer/Wine Business License (*required for beer/wine*)?

Yes No

Hillsborough Beer/Wine Business License #: _____
*If you have one

Do you have a Hillsborough Itinerant Merchant Permit (*required*)?

Yes No

Hillsborough Itinerant Merchant Permit #: _____
*Required

E) Total Fees (\$15 for each day on line C): _____

F) 12 Digit State Sales Tax # H - _____
*If applicable

G) Signature _____

Print Name _____

Title _____