

Annual Fee: \$50.00

Town of Mount Olive
114 E. James Street
P O Box 939
Mount Olive, NC 28366
919-658-9538
FAX - 919-658-5257

Business Yearly Renewal



Section A. Getting Started: Applicant Driver's License # _____

Date: ____/____/20____ Parcel #: _____

Business Name: _____

Business Address: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

Business or Personal Email: _____

Description of Business: _____

Contractor Type: _____ State License No. _____ Exp. No. _____

Owner's Name: _____

Home Address: _____

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Business Registration Fee: \$50.00 Total: _____

\$25.00 Late Fee will be applied after July 31, 2022.

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Under penalty prescribed by law, I hereby affirm that the affirmation is true to the best of my knowledge and belief.

Signed _____
(All applications must be signed)

Date _____