

**TOWN OF ATLANTIC BEACH  
PO BOX 10  
ATLANTIC BEACH, NC 28512  
(252)726-2121**

**BUSINESS REGISTRATION APPLICATION (July 1 – June 30 annually)**

\_\_\_\_\_  
Corporate Name (Sole Proprietorship should indicate the owner's name)

\_\_\_\_\_  
D/B/A (Doing Business As) Name

\_\_\_\_\_  
Physical Address of Business Location (Include street name and number and any suite or apt#. Do not use PO Box#)

\_\_\_\_\_  
Business Correspondence Mailing Address                      City                      State                      Zip

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Business Location Telephone #      Secondary Telephone #                      Fax #

Emergency Contact Names and Numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Website: \_\_\_\_\_ Facebook page: \_\_\_\_\_

Is your business home based? \_\_\_\_\_ YES      \_\_\_\_\_ NO

Completely describe your business, including all activities involved. \_\_\_\_\_  
\_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Does Business have an alarm system? If so, provide name of company and toll-free phone number below:  
\_\_\_\_\_

Applicant Information: This person will be the primary contact for the business.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name                      First Name                      Middle I.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mailing Address                      City                      State                      Zip

Home Telephone# (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**FEE SCHEDULE:**

Business Registration Fee: \$20 (flat fee for all businesses, unless exempted by State Statute)  
Beer On/Off Premises: \$15      Wine On/Off Premises: \$15      Beer Off-Premises Only: \$5      Wine Off-Premises Only: \$10

I hereby certify that I have made inquiry concerning the regulations of the Town of Atlantic Beach and that the business to be conducted will fully comply with the requirements and with all Town ordinances and State laws regarding same.

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

\_\_\_\_\_  
Date

## INSPECTION/ZONING COMPLIANCE

NOTICE: Proof of inspections/zoning compliance required for all new businesses prior to submittal of Business Registration Form to Town Hall. For inspections, contact individual departments listed.

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

### PLANNING AND ZONING DEPT (252-726-4456)

\_\_\_\_\_ In Compliance

\_\_\_\_\_ Noncompliance

Inspector's Name \_\_\_\_\_

Date of Inspection \_\_\_\_\_

### BUILDING INSPECTIONS (252-726-4456)

\_\_\_\_\_ In Compliance

\_\_\_\_\_ Noncompliance

Inspector's Name \_\_\_\_\_

Date of Inspection \_\_\_\_\_

### FIRE DEPT (252-726-7361)

\_\_\_\_\_ In Compliance

\_\_\_\_\_ Noncompliance

Inspector's Name \_\_\_\_\_

Date of Inspection \_\_\_\_\_

# BUSINESS APPLICATION FOR DISASTER RE-ENTRY PERMIT

Town of Atlantic Beach  
P.O. Box 10  
Atlantic Beach, NC 28512  
252 726-2121 (F) 252 726-5115

OFFICE USE ONLY
PERMIT # _____

\*A separate application is required for each individual privilege license number.

**NAME OF BUSINESS** (as listed on privilege license)

\_\_\_\_\_

**PERMANENT MAILING ADDRESS**

Contact Name \_\_\_\_\_

Street / PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**ATLANTIC BEACH BUSINESS ADDRESS**

Street Name \_\_\_\_\_  
Atlantic Beach, NC 28512

Privilege License Number \_\_\_\_\_

**NUMBER OF RE-ENTRY PERMITS REQUESTED:**

\*2 PERMITS FREE PER BUSINESS, ADDITIONAL PERMITS: \$25.00 EACH  
ADDITIONAL PERMITS REQUESTED: \_\_\_\_\_ X \$25.00 = \$\_\_\_\_\_ **ENCLOSED**

**TOTAL NUMBER OF PERMITS REQUESTED:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Application must be completed and signed by the contact person as listed on record by the Atlantic Beach Tax Department.**