

**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 # _____
PERMIT # _____
PERMIT # _____
PERMIT # _____
PERMIT # _____

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

NAME OF BUSINESS (as listed on business 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
Business 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.