

Privilege License Registration Form

Date of application: _____ Date business to begin: _____ Amount paid: _____

Please check one:

New business: ____ Home based business: ____ Location Change: ____ New ownership: ____

Corporation: ____ Individual: ____ Partnership: ____ LLC: ____

Federal identification Number: _____

Optional- please check one if 51% of business is within any of the following statuses

American Indian ____	African American ____	Female (Non-Minority) ____
Hispanic Indian ____	Asian American ____	Male (Non-Minority) ____
Socially & Economically Disadvantaged ____	Disabled ____	

Business Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

Fax Number: _____

Last 4 Digits SSN #: _____

Name of Owner/Operator: _____

Address: _____

Phone #: _____ Fax#: _____ Email Address: _____

Driver's License #: _____ Date of Birth: _____

Give complete Detail/ Nature of business:

Additions to existing building or new signs: _____ if yes, a separate zoning compliance and building permit is required. Please contact Planning at 252-329-4498.

By signing this application, it is understood by the applicant that the issuance of a privilege license here under does not constitute acceptance or approval of the named location as having complied with existing building codes or fire protection codes. A licensee shall remain fully liable and responsible for bringing the premises into conformity with all applicable City and State codes.

Business Name: _____ **Signature:** _____

** Please do not write below this line. Reserved for Zoning Comments**

Planning Department Approval: _____

Date: _____

Code Enforcement Approval: _____

Date: _____

Doc # 780384