**BUSINESS REGISTRATION FOR THE TOWN OF ST. PAULS**

210 WEST BLUE STREET (PO BOX 364) ST. PAULS, NC 28384

PHONE: 910-865-5164 FAX: 910-865-3849

OFFICE HOURS: 9AM-5PM

**$20.00 BUSINESS REGISTRATION FEE**

(A SEPARATE LICENSE IS REQUIRED FOR EACH PLACE OF BUSINESS)

BUSINESS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CORPORATION NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER(S) OF BUSINESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNERSHIP ( CIRCLE ONE): SOLE PROPRIETOR PARTNERSHIP CORPORATION OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEDERAL EIN OR OWNER(S) SOCIAL SECURITY NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATURE OF BUSINESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS WHERE BUSINESS IS LOCATED (CONDUCTED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM LOCATION):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR BUSINESS \_\_\_\_ OWN\_\_\_\_ RENT? If yes, List Landlord(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM LOCATION):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME AND NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF REGULATED BY N.C. STATE OCCUPATIONAL LICENSING BOARD, LIST TYPE AND SERIAL NUMBER OF STATE LICENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACKNOWLEDGEMENT OF THE STATEMENTS MADE IN THE FOREGOING APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE UNDERSIGNED CERTIFIES, TO THE BEST OF THEIR KNOWLEDGE, THE ABOVE BUSINESS IS IN COMPLIANCE WITH ALL THE TOWN OF ST. PAULS ORDINANCES AND ZONING LAWS.

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SIGNATURE PRINTED NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE/POSITION DATE

THIS APPLICATION MUST BE FILED WITH THE TOWN OF ST. PAULS AT 210 WEST BLUE STREET. IF YOU FAIL TO PROVIDE THIS IFORMATION, THE TAX COLLECTOR RESERVES THE RIGHT TO ASSESS THE LICENSE FEE BASED UPON INFORMATION THE TAX COLLECTOR DEEMS RELIABLE. LISENSES ARE SUBJECT TO RENEWEL EACH YEAR THAT THE BUSINESS IS IN OPERATION. A RENEWEL INVOICE WILL BE SENT, BUT FAILURE TO RECEIVE A RENEWEL INVOICE DOES NOT RELIEVE YOU OF YOUR OBLIGATONS TO RENEW YOUR LICENSE.

THIS REGISTRATION FEE DOES NOT AUTHORIZE A BUSINESS TO OPERATE WITHOUT PROPER PERMITS AND INSPECTIONS. PAYMENT OF THE BUSINESS REGISTRATION FEE TO THE TOWN DOES NOT RELIEVE THE APPLICATION OF RESPONSIBILITY FOR COMPLYING WITH THE TOWN OF ST. PAUL’S ORDINANCES, STATE AND FEDERAL LAWS AND REGUALTAIONS.