



TOWN OF ELIZABETHTOWN

PO BOX 716
ELIZABETHTOWN, NC 28337
(910) 862-2066

\$25 Fee

APPLICATION FOR BUSINESS REGISTRATION

(Application/fee must be received prior to commencement of business/work in to avoid penalties/fines.)

FEDERAL ID #: _____

DATE: _____

LEGAL BUSINESS NAME OR OWNER'S NAME: _____

TRADE NAME (Doing Business As), IF ANY: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

DAYTIME BUSINESS TELEPHONE #: _____ FAX#: _____

E-MAIL ADDRESS: _____ WEB ADDRESS: _____

BUSINESS OWNER'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ E-MAIL ADDRESS: _____

SSN #: _____ NCDL #: _____

PROPERTY OWNER OF RECORD WHERE THE BUSINESS WILL BE LOCATED: (If renting/leasing, please attach a copy of the lease agreement.): _____

MAILING ADDRESS: _____

TELEPHONE #: _____ E-MAIL ADDRESS: _____

ARE YOU INCORPORATED? YES NO **If yes, please provide the following information:**

PRESIDENT'S NAME: _____

SECRETARY'S NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE #: _____

PHONE #: _____

LOCATION OF PRINCIPAL OFFICE: _____

ARE YOU A PARTNERSHIP? ___ YES ___ NO If yes, please provide the following: name, address, and phone number of each partner.

1. _____
2. _____

DO YOU OPERATE A (please complete fields which apply):

Branch or Chain? ___ YES ___ NO

Restaurant? ___ YES ___ NO If yes, please state seating capacity: _____

Hotel (or Motel)? ___ YES ___ NO If yes, please list number of rooms: _____

Computer Gaming Establishment? ___ YES ___ NO If yes, please provide number of machines: _____

Does your business serve alcohol? ___ YES ___ NO If yes, please complete the fields below:

*State Beer Number: _____ on premises ___ off premises

*State Wine Number: _____ on premises ___ off premises

DESCRIPTION OF BUSINESS

Date when sales/services began or will begin _____ Date sales/services ceased _____

Sales will be: ___ retail; ___ wholesale; or ___ both.

Describe the types of items and/or services that will be sold/provided by the business _____

How many full-time employees do you have? _____ How many part-time employees do you have? _____

What days of the week are/will you open for business? (please circle) S M T W Th F S

What are your daily hours? _____

Do you close for holidays? ___ YES ___ NO If yes, please list which holidays _____

Have you remodeled your business this year? ___ YES ___ NO If yes, please explain: _____

Have you expanded your business this year? ___ YES ___ NO If yes, please explain: _____

Total square feet of space: _____; total sq. ft. of retail _____; total sq. ft. of warehouse _____

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT NAME PRINTED: _____ TITLE: _____