

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 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.