

TOWN OF ATLANTIC BEACH
PO BOX 10
ATLANTIC BEACH, NC 28512
(252)726-2121

PRIVILEGE LICENSE APPLICATION

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#)**

State Contractor or Professional License Held: _____ License# _____

Business Correspondence Mailing Address **City** **State** **Zip**

(_____) _____ (_____) _____ (_____) _____
Business Location Telephone # **Secondary Telephone #** **Fax #**

Is your business located in the Atlantic Beach City limits? _____ YES _____ NO

Is your business home based? _____ YES _____ NO

Completely describe your business, including all activities involved. _____

Type of business ownership: _____ Corporation _____ Sole Proprietor or Partnership Other _____

Federal Tax ID# _____

Application Information: This person will be the primary contact for the business. Sole Proprietorship should indicate the owner here:

_____/_____/_____
Last Name **First Name** **Middle I.**

_____/_____/_____
Home Address **City** **State** **Zip**

Home Telephone# (_____) _____ Email Address: _____

Social Security# _____ Do you wish to renew this license annually? _____

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. I understand that I am subject to periodic inspections in accordance with NC General Statute 160-424. In accordance with Chapter 9, Article I, Section 9-2 of the Town of Atlantic Beach Code of Ordinances, this ordinance is enacted for revenue purposes only. In addition, issuance of a license in accordance with this ordinance does not excuse a licensee from compliance with any other applicable ordinance or statute.

FOOD HANDLING ESTABLISHMENTS: A copy of the Carteret Co Health Permit must be attached before issuance of license.

Copies of all temporary or permanent ABC permits are required.

Signature of Applicant **Date**