

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

INSPECTION/ZONING COMPLIANCE

NOTICE: No license will be issued without a completed Inspection/Zoning form. Failure by applicant to submit this form may result in delays in the processing of the license. To request inspections and zoning certifications, contact the appropriate departments.

Name of Applicant: _____

Name of Business: _____

Location of Business: _____

PLANNING AND ZONING DEPT (252-726-4456)

_____ In Compliance _____ Noncompliance

Inspector's Name _____

Date of Inspection _____

BUILDING INSPECTIONS (252-726-4456)

_____ In Compliance _____ Noncompliance

Inspector's Name _____

Date of Inspection _____

FIRE DEPT (252-726-7361)

_____ In Compliance _____ Noncompliance

Inspector's Name _____

Date of Inspection _____

**Atlantic Beach Police Department
Local Business Roster Update**

Office Use Only:

BUS # _____

BUSINESS NAME: _____

ADDRESS: _____

BUSINESS PHONE NUMBER: _____

HOURS OF OPERATION: _____

OWNER'S NAME: _____

OWNER'S HOME ADDRESS: _____

OWNER'S HOME PHONE NUMBER: _____

OTHER CONTACT NAMES AND NUMBERS IN CASE OF EMERGENCY:

**DOES BUSINESS HAVE AN ALARM? IF SO, NAME OF COMPANY AND TOLL-FREE
PHONE NUMBER:** _____

SIGNATURE OF OWNER/MANAGER: _____

TITLE: _____

OFFICER'S SIGNATURE: _____