

Application for Business Registration Town of Wallace Attn: Finance Department 316 E Murray St Wallace, NC 28466

Office Use Only:	
Business Registration Acct#:	

Ph: 910-285-4136 Fax: 910-285-5135

In accordance with the Town of Wallace Ordinance #2016-001, Providing for Annual Business Registration to conduct any business within Town corporate limits, every business owner must complete the following application and attach copy's/ of any North Carolina State Licensing required (i.e. Beer and Wine, Salon, Cosmetologists, Barber, Contractor, Taxi, etc.)

O New Business O Change in Ownership or Reorganization O Change in Name O Change in Location O Other:			
In the area below, describe all business activity to be conducted with the new activities clearly identified.)			
1	ess Organization: O Sole Proprietor O General Partnership O Limited Partnership O Corporation		
Name of Applicant (as filed with the NC Secretary of State):			
Fed ID#: North Carolina Bus	iness ID:	Anticipated Opening Date in Wallace:	
Business Name (DBA):			
Business E-mail Address:			
Business Phone:	Business Fax:		
Business Address: Street:	Mailing Address: Street:		
City, State, Zip:	City, State, Zip:		
Emergency Contact Persons: Name:			
Name: Phone () Address:			
Name of Property Owner: SS# Of Business Owner: SS# Of Business Owner:			
Business Activities to Include: (Be certain that all phases of the business are described.)			
(Attach Separate Sheet if Necessary)			
*If applying for Alcohol/Liquor Sales, identify the classification(s)below: □ Beer/Wine Off Premises □ Beer/Wine on Premises			
Town of Wallace Use Only			
Zoning District: Is the proposed use permitted: Yes No			
Application Approved: Application Signature of Town Manager/Zoning Officer:	n Denied: A	ll Permits attached: _ Date:	