

## Office Use Only: Business Registration Account No:

Fee: \$25.00

## **TOWN OF WALLACE**

Attn: Finance Department 316 East Murray Street Wallace, NC 28466 Phone: 910-285-4136 Fax: 910-285-5135

mail@wallacenc.gov

## **Application for Business Registration**

In accordance with 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 a copy of any North Carolina State Licensing required (i.e. Reer and Wine, Salon, Cosmetologists, Barber, Contractor, Taxi, etc.)

O New Business O Chai	nge in Ownership or Reorgan	ization 0	Change in Na	ame O Change in I	ocation O Othe
Type of Business Organization	-	12311011	onango in N	and Condingonia	
	General Partnership O Limi	ted Partners!	nip O Limite	ed Liability Company	O Corporation
			.,,,		
Name of Applicant:					
Federal ID No.:	North Carolina Business ID: Anticipated Opening Date in Wallace				
Business Name (DBA):					
Business Phone:	Business Fax:				
Business E-mail Address:					
Business Street Address:		City	Wallace	State NC	Zip: 28466
Business Mailing Address:		City		State	Zip:
Name:			Phone _		
Name:			Phone		
			1110110 _		
Name of Property Owner:	Name of Bu	ısiness Owne	er:	Business Owner SSN:	
In the area below b	riefly describe business activi	ities to be co	anducted with	any new activities c	early identified
iii iiie area below, bi	ichy describe bosiness denvi	iics io be ee	maderea wiii	dily new delivines e	carry racrimica
*If applying	for Alcohol/Liquor Sales, add				below*
□Beer Off Premis	es		Beer on Premi	ses 🖵 Wine	on Premises
	_			ses 🖵 Wine	
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