

TOWN OF OAKBORO

PO Box 610 • 109 N. Main Street • Oakboro, NC 28129 • 704-485-3351 • www.oakboro.com

***NEW* BUSINESS APPLICATION**

Water/Sewer Service Application is required in addition to this form if business is a brick & mortar & has access to water/sewer

Fee Due (when filing application): \$10 or more (see back) Permit No. _____
Fee Paid: \$ _____ Address: _____
Date Paid: \$ _____

PROPERTY OWNER/BUSINESS OWNER INFORMATION

Property Owner _____
Address _____
City _____ State _____ Zip _____
Phone: _____

Business Owner: _____
Address: _____
City _____ State _____ Zip _____
Phone: _____

ZONING DISTRICT/BUSINESS DESCRIPTION

R9 R15 R20 RA CB HB NB I SE(F) FP

Inside City? Yes No If no, inside ETJ?

Proposed Business Description: _____

Location of Proposed Business: _____

Is this an existing building? Yes No

Is this a new building construction? Yes No

Will a new sign be installed? Yes No ****If yes, a sign permit will be required****

WATER & SEWER SERVICE: Is public water and sewer available on site? Yes No

• CONTINUE ON BACK •

Applicant's Signature _____

Date _____

This application is approved as complying with all applicable zoning restrictions and conditions.

Zoning Enforcement Officer _____

Date _____

Approved Denied

Explanation: _____

Town Use:

***NEW* BUSINESS APPLICATION**

Certificate # _____ Amount Paid \$ _____

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Cash Check# _____ Card

Please complete this form and provide all information requested. If you have any questions, please contact Oakboro Town Hall at the number above. Return this form to Town Hall along with payment of **\$10** (or more – see below)

If alcohol is present, the following additional charges will apply:

- On Premise Malt Beverage: **\$15**
- On Premise Wine – Unfortified, Fortified, or both: **\$15**
- Off Premise Malt Beverage: **\$5**
- Off Premise Wine – Unfortified, Fortified, or both: **\$10**

A Business Registration Certificate will be issued after receiving the form & payment.

Name of Business _____

Tax ID# _____

Nature of Business _____

Mailing Address _____

Physical Location _____

Phone Number _____

Fax Number _____

Website _____

Owner/Agent Name _____

Address _____

Phone Number _____

Email Address _____

Owner/Agent Signature _____

Date _____