



Town of Ocean Isle Beach
3 West Third Street
Ocean Isle Beach, NC 28469
Telephone (910) 579-2166 Fax (910) 579-8804

PRIVILEGE LICENSE APPLICATION

NEW _____ RENEWAL _____

This Application with remittance in full must be completed and returned with full payment on or before _____.
If no longer in business please complete the information at the end of this form and return the application to the Town.

Name of Business	_____	Account #	_____
Address	_____		
City, State, Zip	_____	Business Phone	_____
		Fax Number	_____
Physical Address	_____		
Name of Manager	_____	Phone Number	_____
E-Mail Address	_____	Website	_____
Tax ID Number	_____	State Sales	
Number of Employees	_____	Tax Number	_____
Description of business, including specifications of the goods offered.			

Please answer the following questions that APPLY to your business.

Hotel, Motel, Tourist Homes _____

Restaurant, Cafeteria, Snack Bar _____

(Food handling business must provide a copy of the Brunswick County Health Department permit or notice that permit is not required)

Barber or Beautician Number of operators _____

Do you rent any booths Yes _____ No _____

Do you sale any products or merchandise _____

Beer / Wine Sales **(A copy of your State ABC License is required)** Yes _____ No _____

Beer on Premises Yes _____ No _____

Beer Off Premises Yes _____ No _____

Wine On Premises Yes _____ No _____

Wine Off Premises Yes _____ No _____

Chain Store Do you operate as a Chain Store Yes _____ No _____

Convenience Store Do you sale gasoline Yes _____ No _____

Juke Boxes / Music Machines Number of machines _____

Pool Tables Do you have pool tables _____

Video Games Number of games _____

OWNER'S INFORMATION

Name of Owner _____

Street Address _____

City, State, Zip _____

Telephone Number _____ Cell Phone Number _____

Social Security Number _____ Driver's License State _____ Number _____

Signature Title Date

If no longer in business, complete information in this box and return the application.

Date business closed _____ Closing due to Sale of Business to _____

Print Name _____ Dissolved

Signature _____ Other _____

N.C.G.S. 105-366(d)

a. At least 48 hours prior to the date of the pending sale, transfer, or termination of business, give notice to the assessors and tax collectors of the taxing units in which the business is located.

b. Within 30 days of the sale, transfer, or termination of business, pay all taxes due or to become due on the transferred property on the first day of September of the current calendar year.

(OFFICE USE ONLY)

License # _____ Date _____

Amount Paid & Check # _____ Date _____

Tax Collector _____ Date _____

Wendy Barbee

