



**Town of Ocean Isle Beach**  
**111 Causeway Drive**  
**Ocean Isle Beach, NC 28469**  
**Telephone (910) 579-2166**  
**Fax (910) 579-8804**

**IMMOBILE VENDOR LICENSE APPLICATION**

**NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_**

**BUSINESS INFORMATION**

Account # \_\_\_\_\_

Name of established oceanfront business \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Physical Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Other \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Website \_\_\_\_\_

**APPLICANT'S INFORMATION**

Name of Applicant \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Fax Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Local Address \_\_\_\_\_

Local Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Other Phone \_\_\_\_\_

Description of business, including specifications of the goods or services offered and the expected locations from which the sale will be offered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outline of the methods to be used for solicitation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description, photo or drawing of the equipment to be used \_\_\_\_\_

Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Tag Number \_\_\_\_\_

Manufacturer \_\_\_\_\_ Color \_\_\_\_\_

Professional rendering of all artwork or signs to be displayed on equipment (Attached) Yes \_\_\_ No \_\_\_  
(No handmade logos or signage will be allowed.)

Social Security Number \_\_\_\_\_ Driver's License State \_\_\_\_\_ Number \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ State Sales Tax Number \_\_\_\_\_

Proof of franchise fee payment \_\_\_\_\_

Health Code Approval Attached (Must be within 30 days of the application) \_\_\_\_\_

Proof of Comprehensive Business Liability Insurance (Attached) (\$25,000 minimum per person) Yes \_\_\_ No \_\_\_  
(\$100,000 per incident)

\_\_\_\_\_  
Signature Title Date

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

Date business closed \_\_\_\_\_ Closing due to  Sold 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

Asst. Town Administrator \_\_\_\_\_ Date \_\_\_\_\_  
Justin Whiteside

Town Administrator \_\_\_\_\_ Date \_\_\_\_\_  
Daisy Ivey

\_\_\_\_\_  
Approved Denied