



Application for Business Registration
Town of Wallace
 Attn: Finance Department
 316 E Murray St
 Wallace, NC 28466
 Ph: 910-285-4136 Fax: 910-285-5135
 Website: townofwallace.com Email: mail@townofwallace.com

Office Use Only:
 Business Registration Account No: _____
 Fee: \$25.00

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.

New Business Change in Ownership or Reorganization Change in Name Change in Location Other

In the area below, describe all business activity to be conducted with the new activities clearly identified.

Type of Business Organization: Sole Proprietor General Partnership Limited Partnership
 Limited Liability Company Corporation

Name of Applicant (as filed with the NC Secretary of State):

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 _____ State _____ Zip: _____

Business Mailing Address: _____ City _____ State _____ Zip: _____

Emergency Contact Persons:

Name: _____ Phone (____) _____ - _____

Name: _____ Phone (____) _____ - _____

Name of Property Owner: _____ Name of Business Owner: _____ Social Security No. Of Business Owner: _____

Business Activities to include: (describe all phases of the business.)

If applying for Alcohol/Liquor Sales - identify the classification(s)below

Beer Off Premises Wine off Premises Beer on Premises Wine on Premises

 \$5.00 \$10.00 \$15.00 \$15.00

*****Town of Wallace Use Only*****

Zoning District: _____ Application Approved _____ Denied _____

Is the proposed use permitted: Yes _____ No _____ All Permits Attached _____

Signature of Town Manager/Zoning Officer: _____ Date _____