City of Dunn Planning and Inspections Department

102 N. Powell Ave. P.O. Box 1065

Dunn, NC 28335 Main: (910) 230-3505 Fax: (910) 230-9005

www.dunn-nc.org



| Date Paid:         |  |
|--------------------|--|
| Amount:            |  |
| Payment Type:      |  |
| Employee Initials: |  |

## **Business Registration Form**

Please print clearly

| (Street)        | (City, State, Zip Code)   |  |
|-----------------|---|--|
|                 |   |  |
| (Street)        | (City, State, Zip Code)   |  |
|                 | Phone Number:   |  |
|                 | Contractor ID:  |  |
| d:              |   |  |
| ne              | Signature   |  |
|                 | IANCE CERTIFICATION   |  |
|                 | completed first.)<br>re-approved by the Planning & Inspections Department.  |  |
| oning approval: | Date:   |  |
|                 | Date:   |  |
| oval:           | Date:   |  |
|                 |   |  |
|                 |   |  |
|                 |   |  |
|                 | (Street)  (Street)  d:  atements made in this  ne  ZONING COMPL  (To be  stration forms must be postration forms must be postration. |  |

Form Revised: February 2021

## **FEES TO BE PAID**

(Check all that apply)

| Business Type                    | Fee  |
|----------------------------------|------|
| Annual Business Registration Fee | \$40 |
| Home Occupation                  | \$40 |
| Peddler, on foot                 | \$10 |
| Peddler, with vehicle            | \$25 |
| Peddler, farm products only      | \$25 |
| Taxicabs (per cab)               | \$15 |
| Number of vehicles:              |      |
| Beer on premises                 | \$15 |
| Beer off premises                | \$5  |
| Wine on premises                 | \$15 |
| Wine off premises                | \$10 |
| Precious metals dealer           | \$25 |

| <br> |  |  |
|------|--|--|

TOTAL FEE TO BE PAID: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

| In case of emergency, and the owner is not available, please contact: |         |         |        |  |  |  |
|---|---------|---------|--------|--|--|--|
| First contact name:   |         | Phone:  |        |  |  |  |
| Second contact name:  | <u></u> | Phone:  |        |  |  |  |
| Third contact name:   |         | Phone:  |        |  |  |  |
| Is there a security alarm at the place of business?                   | Yes     |         | No     |  |  |  |
| If, yes: Provide security company name:                               |         | <u></u> | Phone: |  |  |  |
| Is there a fire alarm at this place of business?                      | Yes     |         | No     |  |  |  |
| If, yes: Provide alarm company name:                                  |         |         | Phone: |  |  |  |
| Additional information:   |         |         |        |  |  |  |
|   |         |         |        |  |  |  |

Form Revised: February 2021