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): \$5 or more (see back)	Permit No.
Fee Paid: \$	Address:
Date Paid: \$	
PROPERTY OWNER/BUSIN	ESS OWNER INFORMATION
Property Owner	Business Owner:
Address	Address:
City State Zip	City State Zip
Phone:	Phone:
ZONING DISTRICT/BL	JSINESS DESCRIPTION
R9 □ R15 □ R20 □ RA □ CB □	HB □ NB □ I □ SE(F) □ FP □
Inside City? ☐ Yes ☐ I	No If no, inside ETJ? □
Proposed Business Description:	
Location of Proposed Business:	
Is this an existing building? Yes □ N	o 🗆
Is this a new building construction? Yes □ N	o 🗆
Will a new sign be installed? Yes □ N	o □ **If yes, a sign permit will be required**
WATER & SEWER SERVICE: Is public water and se	ewer available on site? Yes □ No □
• CONTINUE	E ON BACK ●
Applicant's Signature	 Date
This application is approved as complying with all appl	icable zoning restrictions and conditions.
Zoning Enforcement Officer	 Date
Approved □ Denied □	
Explanation:	

Town Use: Certificate # ____ Amount Paid \$____ Cash Check# ___ Card *NEW* BUSINESS APPLICATION Page 2

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 <u>\$5</u> (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	
, 5.54. 2004.0	 -
Phone Number	 _
Fax Number	 -
Website	 -
Owner/Agent Name	
Address	-
Phone Number	_
Email Address	 _
Owner/Agent Signature	 -
Date	 _