

**TOWN OF BEAUFORT
P O BOX 390
BEAUFORT, NC 28516
252-728-2141**



PRIVILEGE LICENSE APPLICATION

Corporate Name (Sole Proprietorship should indicate the owner's name)

D/B/A (Doing Business As) Name

Email Address: _____

Physical Address of Business Location

State Contractor or Professional License Held: NC State Contractor License #

Business Correspondence Mailing Address City State Zip
() () ()

Business Location Telephone# Secondary Telephone # Fax #

Is your business home based? _____ Yes _____ No

Completely describe your business, including all activities involved _____

Wholesale/Retail Merchant's/ Provide Beginning Inventory: \$

Type of business

Ownership: _____ Corporation _____ Sole Proprietor or Partnership _____ Other

Federal Tax ID: _____ **NC Sales & Use Tax State ID # :** _____

Application Information: This person will be the primary contact for the business. Sole Proprietorship should indicate the owner here:

Last Name First Name Middle I
/ / /

Home Address City State Zip

Home Telephone # () Relationship to Business

Social Security # Do you wish to renew this license Annually? _____ yes/no

I hereby certify that I have made inquiry concerning the regulations of the Town of Beaufort and that the business to be conducted will fully comply with the requirements and with all Town ordinances and State laws regarding same. I understand that I am subject to periodic inspections in accordance with NC General Statute 160-424. In accordance with Article II.-11-51 of the Town of Beaufort Code of Ordinances, this ordinance is enacted for revenue purposes only. In addition with this ordinance does not excuse a licensee from compliance with any other applicable ordinance or statute.

FOOD & LODGING ESTABLISHMENTS:A copy of the Carteret Health Dept. Food Service or Lodging Permit must be presented before issuance of license. Health Permits are not transferable. Contact: Katrina Winters, RS, Carteret Co. Environmental Health at 252-728-8499.

Copies of all temporary or permanent ABC permits are required.

Signature of Applicant Date

