

TOWN OF OGUNQUIT ANNUAL BUSINESS REGISTRATION APPLICATION

For the Year 2016

Filing Fee \$150 (must be received by May 31st)

New Renewal

APPLICANT(S) (Full Name): _____

Mailing Address: _____

Most Reliable Telephone Number: _____

E-Mail: _____

BUSINESS (Business Name, d/b/a, etc): _____

Business Location (street address): _____

Business Map/Block/Zoning District: _____

Business Mailing Address: _____

Business Telephone Number: _____

Property Use (per Table 702.1 of the Zoning Ordinance): _____

Is this use conforming? _____ **If no explain** _____

Are you licensed to serve alcohol? Yes No

Hours of Business Operation: _____

Maximum Number of Employees: _____

Size of Business in Square Feet: _____

If Transient Accommodation – number of Guest Rooms: _____

Seating Capacity: _____

Does this Business have other locations? Yes No If Yes, how many _____

If Application Renewal: Have there been changes to the property? YES NO
 (If yes, contact the Land Use Office at: (207)646-5140)

PROPERTY OWNER (Full Name): _____

ADDRESS: _____

Per Title IX, Chapter 9, Section 903.1 "The Code Enforcement Officer or Harbor Master may inspect the business premises at any time after issuance of the Certificate to ensure compliance with this Ordinance. If at any time the premises are not in compliance the Certificate may be revoked and the business subject to all remedial actions described herein." Approved certificate must be posted within the business (excludes mooring holders).

By signing I acknowledge the above statement: _____

This Application is not a Certificate to operate, upon approval of this application a Business Registration Certificate will be issued to you. (Per Title IX of the Municipal Codes, Section 902.3)

OFFICE USE ONLY

<u>TITLE</u>	<u>APPROVAL</u>	<u>REPORT ATTACHED</u>	<u>SIGNATURE</u>	<u>DATE</u>
Code Enforcement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Fire Chief	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Harbor Master	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

Cash/Check # _____ Rec'd by: _____ Date Paid: _____