

TOWN OF OGUNQUIT ANNUAL BUSINESS REGISTRATION APPLICATION

For the Year 2020 (July 1st – June 30th)

Filing Fee \$150 (must be received by June 30th)

New

Renewal

REGISTRATION NUMBER 2020-_____

APPLICANT

Full Name: _____
 Mailing Address: _____
 Emergency Telephone Number: _____
 E-Mail: _____

BUSINESS

Business Name, d/b/a, etc: _____
 Location (street address): _____
 Map/Block/Zoning District: _____
 Mailing Address: _____
 Telephone Number: _____

BUSINESS PROPERTY

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: _____
 If Restaurant inside/outside Seating Capacity: _____ Total Occupancy: _____
 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 Code Office at:(207)646-9326)

PROPERTY OWNER (Full Name): _____

ADDRESS/PHONE: _____

Per Title IX, Chapter 9 Section 902.3 The applicant will certify that all real/personal property taxes assessed against the owner and/or business are paid in full, including any upcoming tax installments. The Code Enforcement Officer 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.

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

TITLE	APPROVAL	REPORT ATTACHED	SIGNATURE	DATE
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"/>	_____	_____
Tax Collector	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

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