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

CITY OF DUNN BUSINESS REGISTRATION FORM

PLEASE PRINT CLEARLY

Date Paid:	
Amount:	
Payment Type:	
Employee Initials:	

Business Name:				
Business Address:				
(Street)	(City, State, Zip Code)			
Mailing Address:				
(Street)	(City, State, Zip Code)			
Owner's Name:	Phone Number:			
State ID: Contractor ID:				
Business to be Conducted:				
I affirm that the statements made in the foregoing applicat	ion are true to the best of my knowledge.			
Signature: Printed Name:				
ZONING COMPLIA	ANCE CERTIFICATION			
(TO BE COM	IPLETED FIRST)			
Please note: All business registration forms must be pre-ap				
	Date:			
	Date:			
Building Inspector Approval:	Date:			
Comments:				
	TO BE PAID all that apply)			
☐ Annual Business Registration Fee - \$40.00	☐ Beer on Premises - \$15.00			
☐ Peddler – On Foot \$10.00	☐ Beer off Premises - \$5.00			
☐ Peddler – With Vehicle \$25.00	☐ Wine on Premises - \$15.00			
Peddler – Farm Products Only \$25.00	☐ Wine off Premises - \$10.00			
☐ Taxicabs (per cab) - \$15.00 Number of vehicles:	☐ Precious Metals Dealer – \$25.00			

PLEASE COMPLETE BACK ALSO _____

TOTAL FEE TO BE PAID: _____

EMERGENCY CONTACT INFORMATION

1 st Contact Name: Phon 2 nd Contact Name: Phon 3 rd Contact Name: Phon	e:
	ne:
Is there a security alarm at the place of business? ☐ Yes ☐ No	
If Yes, Security Company Name: Phor	ne:
Is there a fire alarm at this place of business? ☐ Yes ☐ No	
If Yes, Alarm Company Name: Pho	ne:
MISCELLANEOUS INFORMATION:	



