



BUSINESS REGISTRATION PERMIT APPLICATION

BUSINESS APPLICANT INFORMATION

Name of Business:		Business Phone:
Physical Address:		
City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Website Address:	Facebook Address:	How long in business at any location?

BUSINESS OWNER INFORMATION

Owner(s) Name(s):		Driver's License #:
Owner(s) Residential Address:		Date of Birth:
City:	State:	ZIP Code:
Cell Phone:	Fax:	
Email:		

BUSINESS PREMISES

Property Owner Name:		
Address:		Property Owner Phone:
City:	State:	ZIP Code:
Is there living space on the premise? Yes No If so, how many?		
How many entrances/exits?		Property PIN#:

MISCELLANEOUS BUSINESS INFORMATION

Have you registered your contact information with E911 Addressing? Yes No If no, please call 828-586-7537, 828-586-7534, or 828-399-0550 to register.		
Is there a secondary key holder? If so list Name and Contact info. Yes No	Secondary Key Holder Name:	Phone:
Is there an alarm system installed? Yes No If so, please direct the alarm system to call 828-586-1911 Emergency Dispatch.		

EMERGENCY CONTACTS

Name	Address	Phone

DESCRIPTION OF BUSINESS

Describe your business:
Will there be more than one business/activity within said premise? Yes No If yes, explain:

SIGNATURE

By signing below, I confirm that the above information is true and correct to the best of my knowledge and that any alarm system installed is directed to 911 Emergency Dispatch. I also understand that I have received a copy of the Downtown Parking Regulations Map.	
Signature of applicant:	Date: