



BUSINESS REGISTRATION

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 911 Emergency Dispatch? Yes No		
Is there a secondary key holder? If so list Name and Contact info.	Secondary Key Holder Name:	Phone:
Is there an alarm system installed? Yes No If so, please direct to 911 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.	
Signature of applicant:	Date:

**** Should this information change, please contact the Town of Sylva at mainstreet@townofsylva.org with updates. This will help fire and police contact you in the event of fire, break-ins or other issues.**

TOWN OF SYLVA
MUNICIPAL HALL
83 ALLEN ST
SYLVA, NC 28779
(828) 586-2719

OCCUPANCY USE INSPECTION COMPLIANCE

Inspection Certification ***Fee: \$200.00***

Date: _____

Name of Applicant: _____

Mailing Address: _____

Name of Business: _____

Telephone Number(s): _____

Business Address: _____

Property Owner: _____

Change of Use Yes No Previous Use _____ If Vacant, How long _____

Business Registration Permit Date Application Submitted: _____ Fee Paid: Yes/No

Issued by: _____ Date: _____

Fire In Compliance Non-Compliance Not Applicable

Inspector: _____ Date: _____

Zoning In Compliance Non-Compliance Not Applicable

Inspector: _____ Date: _____

Stormwater In Compliance Non-Compliance Not Applicable

Inspector: _____ Date: _____

Note: Other fees will apply for zoning and signs.

Non-Compliance Reason
