



Town of Wrightsville Beach

321 Causeway Drive – P. O. Box 626
Wrightsville Beach, North Carolina 28480

Telephone: 910-256-7900 * Fax: 910-256-7910 * Website: townofwrightsvillebeach.com

Privilege License Application

Name of Business _____ Tax ID# _____

Mailing Address _____

Physical Address _____

Nature of Business _____ State License # _____

Name of Owner _____ Phone # _____

Name of Applicant & Relation to Business _____

I hereby certify that I have made inquiry concerning the regulations of the Town of Wrightsville Beach and that the business to be conducted will fully comply with the requirements and with all Town ordinances and State laws regarding same. I understand that I am subject to periodic inspections in accordance with NC General Statute 160-424.

The North Carolina Schedule B License is a tax that is levied on the privilege of engaging in a particular occupation or business activity within the taxing jurisdiction. NC General Statute 105-366(d)(1) requires notification to the Tax Collector forty-eight (48) hours prior to going out of business, the transfer of or pending sale to another party.

A copy of the New Hanover County Health Permit must be attached before issuance of license to food handling establishments. Copies of all temporary or permanent ABC permits are required.

DISPLAY OF LICENSE: Your license will be processed and mailed to you within 1-10 business days. Upon receipt, please post the license at your business location. Your license will expire June 30th. If you discontinue your business before the end of the license period, no refund of any part of the license tax will be made.

Signature of Owner or Officer of the Business: _____ Date _____

Applicable Department Coordination

_____ Planning/Zoning Date: _____

_____ Parks/Rec. Date: _____

_____ Fire Dept. Date: _____

_____ Police Dept. Date: _____

_____ Public Works Date: _____

_____ Gen. Admin. Date: _____

Comments:

Date application received: _____ License Fee \$ _____ Date paid: _____

Receipt Number: _____ Privilege License Number _____

Approved by: _____ Date: _____