

Town of Oak Island
**Application for: Change of Use/Fire Prevention/
New Business (License)**

Type of Permit: Change of Use Business License Fire Prevention

Type of Business: Corporation LLC Partnership Sole Proprietorship
 Non-Profit

Business Name: _____

Service Address: _____

Service Address Phone Number: _____

Contact Name: _____

Contact Address: _____

Contact Telephone Number: _____

Type of proposed use: _____

Previous use: _____

Days and hours of operation: _____

Signature of Applicant: _____ Date: _____

*Please note that the certificate of occupancy/compliance will not be issued until all inspections are approved and applicable sewer and utility fees have been paid.