

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:_____

Contact Email:_____

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.