

**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: \_\_\_\_\_

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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.