



TOWN OF DALLAS BUSINESS REGISTRATION PROGRAM

With the recent state-wide elimination of the “Privilege License” Program & Fees throughout North Carolina, many municipalities, including the Town of Dallas, were left with no enforceable program of gathering important building use and access data along with other contact information for entities doing business within their jurisdiction(s).

As such, The Town of Dallas has, effective November 10, 2015, enacted an Ordinance requiring that

**“EACH FOR-PROFIT BUSINESS EXISTING OR OPERATING
WITHIN THE TOWN OF DALLAS BE REQUIRED TO APPLY FOR
AND RECEIVE A YEARLY, “BUSINESS REGISTRATION
CERTIFICATE”** **Due: March 1, 2021**

..... The application and certificate issuance requires a yearly \$35.00 Fee to cover the cost of initial inspections and the administration of maintaining the information on behalf of Public safety and emergency services providers.

Generally speaking, all For-profit, commercial, entities that maintain a physical building presence within the Town of Dallas, as well as any entity or individual who sells goods or services within the Town of Dallas, are subject to the Ordinance and MUST APPLY FOR AND RECEIVE A YEARLY-RENEWABLE “BUSINESS REGISTRATION CERTIFICATE”

Application forms are available from the Town of Dallas on-line at www.dallasnc.net or for pick-up at Town Hall, 210 North Holland Street, Dallas, NC 28034 704-922-3176

Our Records Indicate you represent or have interest in a Business (listed above) which is subject to the Business Registration Program. For Your convenience, an application form is enclosed. Completed applications, along with the \$35.00 fee should be returned to Town Hall, Business Registration Program, 210 North Holland St., Dallas, NC 28034

If our information is incorrect, and the listed entity is no longer operational or in existence, or if it or you no longer conducts business in Dallas, please call us at 704-922-3176 with that information or e-mail: pmcswain@dallasnc.net



BUSINESS REGISTRATION PERMIT APPLICATION

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 <input type="checkbox"/> No <input type="checkbox"/> If so, how many?		
How many entrances/exits?		Property PIN#:

BUILDING INFORMATION

Type of Construction		
Is There a Basement yes <input type="checkbox"/> No <input type="checkbox"/>	Roof	# of Floors
Square Footage	Elevators yes <input type="checkbox"/> No <input type="checkbox"/>	Is Building Sprinklered Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of Knox Box:	FDC:	Sprinkler Control Valve:

WATER SUPPLY INFORMATION

Primary Hydrant location:		Hydrant #
Secondary Hydrant location:		Hydrant #

DESCRIPTION OF BUSINESS



BUSINESS REGISTRATION PERMIT APPLICATION

Describe your business:

Special Concerns or Hazards:

Have you registered your contact information with Gaston County 911 Emergency dispatch: Yes: No:

Is there a secondary key-holder/contact: Yes: No: If so, Contact Info Name:

Phone Number:

Is there an Alarm System Installed; Yes: No:

Vehicles, Equipment or Specialized Machinery Used by or Housed in Premises:

Will there be more than one business/activity within said premise? Yes No If yes, explain:

What is the Zoning Classification for the Property Housing the Business:

Has a Zoning Permit been Issued: Yes: No:

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 Gaston County 911 Emergency or Town of Dallas Dispatch

Signature of applicant:

Date:

- **A \$35.00 Fee is required with All Permit Applications**

TOWN USE ONLY

Fee Paid _____ Date: _____ By: _____

CERTIFICATE APPROVED: _____