



## NEW BUSINESS REGISTRATION

TOWN OF ORIENTAL  
PO Box 472, 507 CHURCH STREET, ORIENTAL, NC 28571  
(252) 249-0555 Fax (252) 249-0208  
MANAGER@TOWNOFORIENTAL.COM

<b>Owner</b>	_____	_____
	Name	Phone
	_____	_____
	Mailing Address, City, State, Zip	Cell Phone
	_____	_____
	E-mail Address	Fax
	_____	_____

<b>Business</b>	_____	_____
	Name	Phone
	_____	_____
	Physical Address	Cell Phone
	_____	_____
	Mailing Address, City, State, Zip	
	_____	_____
	E-mail Address	Fax
	_____	_____

<b>Type of Business:</b> _____
<b>Zoning District:</b> (circle one) MU                      MU-1                      R-1                      R-2                      R-3
<b>Square Footage of Proposed Business:</b> _____
<b>Previous Property Use:</b> _____
<b>Available Parking Spaces:</b> _____
<b>SIGNAGE: All SIGNS REQUIRE A SIGN PERMIT</b>

**NEW BUSINESS REGISTRATION**

**PLEASE READ BEFORE SIGNING**

I certify that all of the above information is true and accurate to the best of my knowledge. I understand that any change in business may require a new registration to ensure compliance with the Town of Oriental Growth Management Ordinance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

*10/2010*

Received by: \_\_\_\_\_

Reviewed for Completeness By: \_\_\_\_\_

Approved Parking by: \_\_\_\_\_