

# CITY OF THOMASVILLE

P. O. BOX 368 • 10 SALEM STREET • THOMASVILLE, NC 27361  
TEL: (336) 475-4249 • FAX: (336) 475-4258

## APPLICATION FOR BUSINESS REGISTRATION

**Note: The permit fee for a business registration is \$25.00. All checks should be made payable to the City of Thomasville.**

1. Date of Application: \_\_\_\_\_ 2. Start Date of Business: \_\_\_\_\_

3. \_\_\_\_\_  
Business Name/ DBA Parent Corporation (if applicable)

4. \_\_\_\_\_  
Business Location City State Zip

5. \_\_\_\_\_  
Business Mailing Address (If different) City State Zip

6. \_\_\_\_\_  
Description of Business Activity

7. Check One: \_\_\_ Corporation \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Professional Assn. \_\_\_ Other \_\_\_\_\_

8. \_\_\_\_\_  
Business Phone Number Emergency Number Email

9. \_\_\_\_\_  
Owner Name Phone Number

10. \_\_\_\_\_  
Owner Address City State Zip

11. \_\_\_\_\_  
Corporate Officer/Manager/Other Title Phone Number

12. \_\_\_\_\_  
Corporate Officer/Manager/Other Address City State Zip

13. Number of locations in the city limits \_\_\_\_\_ 14. State Professional License Number: \_\_\_\_\_

15. If you do **NOT** own the building where your business is located, please list the property owner's information:  
Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

16. The most recent approved use of the building \_\_\_\_\_  
(Do Not Leave Blank)

17. Are there any proposed alterations to the building? \_\_\_\_\_yes\* \_\_\_\_\_no (please check one)  
Is the new proposed use different from the previous approved use? \_\_\_\_\_yes\* \_\_\_\_\_no  
(please check one) **If yes, then you also need to submit the following for review:**  
**Provide a floor plan which shall include:** All proposed work (including any electrical, plumbing, and heating/air); Square footage of the building or space with all rooms and spaces labeled; Show fixed

seating if provided (assembly spaces); Measurements of all walls, shown with all doors and their door-swing; Fire rated walls/barriers; Life safety floor plan. Current and/or proposed plumbing fixtures for men, women and unisex toilet rooms.

**Completed Appendix B** (Required for alterations and may be required for a change of use) These have been printed for your convenience and are available in the permitting office or can be downloaded from the N.C. Dept. of Insurance Office of the State Fire Marshal's Website.

**Completed Commercial Building Permit Application** (if doing alterations) Download from City of Thomasville's website or pick up a copy from our office at 10 Salem Street, Thomasville, N.C.

*Depending on the size and value of the building or extent of work, the above drawings and documents may require the seal of a design professional.*

▶ If you have any questions about being in compliance with the Zoning Ordinance, contact our Planning & Zoning office at (336) 475-4255. For any questions concerning the building codes or the occupancy of the building, please contact the Building Inspector at (336) 475-4253. *Changing the use of a building may require an occupancy inspection which has a permit fee of \$100.00.*

▶ You must have an inspection made by the Fire Marshal prior to the start date of your business. Any alterations to the sprinkler system or fire alarm needs to be permitted through the Fire Marshal's office. Please contact Glen Pressley at (336) 475-5527 or email [glen.pressley@thomasville-nc.gov](mailto:glen.pressley@thomasville-nc.gov).

▶ You are required to register your business name with the Register of Deeds in Davidson County. You can contact them at (336) 242-2150. When we process your application, you will need to furnish us a copy of this form. *If incorporated, we can use your registration with the Secretary of State.*

By completing this application, the certificate holder named herein is complying with all legal requirements respecting the same, and is authorized to carry on business as described in City of Thomasville Municipal Code Ordinance No. 04-19-ORD6. To the best of my knowledge the information contained in this application is true and correct. Upon receipt of payment for this business certificate, it does not authorize, permit, or allow certificate holder to do any act not authorized by any law. This certificate is not transferable or assignable. ***Renewal of this certificate is the responsibility of the certificate holder and must be done annually prior to June 30<sup>th</sup> in order to avoid penalties. You will receive a letter reminding you to renew your certificate.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

***(FOR CITY USE ONLY: To all departments listed below, please process this application for a business certificate.)***

Last known use \_\_\_\_\_ Source \_\_\_\_\_ Approx. beginning date of last use \_\_\_\_\_

Planning / Zoning Official: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Notes: \_\_\_\_\_

Building Code Official: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Notes: \_\_\_\_\_

Electrical Code Official: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Notes: \_\_\_\_\_

Mechanical Code Official: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Notes: \_\_\_\_\_

Fire Code Official: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Notes: \_\_\_\_\_

Occupancy Classification: (check one) \_\_\_\_\_ Same or \_\_\_\_\_ Change (from \_\_\_\_\_ to \_\_\_\_\_ occupancy)

Staff Analysis and Recommended Next Steps: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_