



City of Salisbury  
Development Services  
132 North Main Street  
Salisbury, NC 28144  
E: 1stop@salisburync.gov  
Ph. 704.638.5208

# CERTIFICATE OF REGISTRATION APPLICATION & PERMIT

SHADED AREAS FOR STAFF USE ONLY

APPLICATION DATE: \_\_\_\_\_

- ☐ New Application  
☐ Change or Update Information

## WILL YOUR BUSINESS?

- ☐ Include alcohol sales? (retail or on premise consumption)  
☐ Include food or dairy product preparation?  
☐ Operate as a home-based business? (Home Occupation)  
☐ Operate as Itinerate Merchant? (as defined by NCGS-Sec.66-250)  
☐ Operate as Peddler? (as defined by NCGS-Sec.66-250)

*The issuance of a business registration permit does not constitute compliance with existing zoning codes, building codes, fire prevention codes, city ordinances, or state law.*

## WHERE WILL YOUR BUSINESS BE LOCATED?

Physical Salisbury Address: \_\_\_\_\_

PARCEL  
ID

SQUARE FEET

ZONING  
DISTRICT

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Legal Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Applicant: \_\_\_\_\_  
Property Owner (if different from applicant): \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

- ZONING REVIEW & SIGNATURE REQUIRED FOR ALL BUSINESS REGISTRATION APPLICATIONS
- FIRE INSPECTION & SIGNATURE REQUIRED FOR ALL BUSINESS REGISTRATION APPLICATIONS (EXCEPT HOME OCCUPATION)
- BUSINESSES PREPARING FOOD OR DAIRY PRODUCTS (FOOD SERVICE ESTABLISHMENT) MUST COORDINATE WITH THE UTILITY F.O.G. COORDINATOR PRIOR TO REGISTRATION PERMIT ISSUANCE
- BUSINESSES OPERATING AS A POOL HALL, DANCE HALL, OR TAXI SERVICE MUST COORDINATE WITH THE POLICE DEPARTMENT PRIOR TO REGISTRATION PERMIT ISSUANCE

I have examined this application and to the best of my knowledge it is true, complete, and made in good faith.

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_

**\*\* OFFICE USE ONLY \*\***

**ADDITIONAL DESCRIPTION/INFORMATION/NOTES**

**DRIVER LIC #** \_\_\_\_\_

**START/OPENING DATE:** \_\_\_\_\_

**REVIEW & APPROVAL SIGNATURES**

**ROWAN COUNTY HEALTH DEPT. (OFFICE: 704.216.8530 CELL: 704-202-4092)**

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

**POLICE (704.638.5333)**

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