

Application Information: This person will be the primary contact for the business. Sole Proprietorship should indicate the owner here:

_____/_____/_____
 Last Name First Name Middle I.
 _____/_____/_____
 Home Address City State Zip
 Home Telephone# (_____) _____ Relationship to Business _____
 Federal Tax ID# _____ Or Social Security# _____
 _____ Owner's SS#

I hereby certify that I have made inquiry concerning the regulations of the City of Bessemer City and that the business to be conducted will fully comply with the requirements and with all City ordinances and State laws regarding same. I understand that I am subject to periodic inspections in accordance with NC General Statute 160-424.

ESTABLISHMENTS LISTED BELOW: A copy of the Gaston County Health Permit must be attached before issuance of license.

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| ADULT DAYCARES BED & BREAKFAST HOME BED & BREAKFAST INN CATERERS DAYCARES EDUCATIONAL FOOD SERVICE ELDERLY NUTRITIONAL SITES FOOD STANDS | HOSPITALS INSTITUTIONS LIMITED FOOD SERVICES LODGING ESTABLISHMENTS LOCAL CONFINEMENT MEAT MARKETS MOBILE FOOD UNITS MOBILE FOOD COMMISSARY | NURSING HOMES ON-SITE SEWAGE SYSTEMS PARK & REC. FOOD STANDS PRIVATE BOARD SCHOOLS PUSH CARTS RESIDENTIAL CARE REST HOMES RESTAURANTS | SCHOOL BUILDINGS SCHOOL CAFETERIAS STREET FAIRS & FESTIVALS SUMMER CAMPS SWIMMING POOLS (PUBLIC) TATTOOS TEMPORARY FOOD SERVICE WELLS (PRIVATE & PUBLIC) |
|---|--|--|---|

GASTON COUNTY HEALTH PERMIT REQUIRED: YES or NO

INSPECTION/ZONING COMPLIANCE

NOTICE: No license will be issued without a completed Inspection/Zoning form. Failure by applicant to submit this form may result in delays in the processing of the license. To request inspections and zoning certifications, contact the appropriate departments.

Name of Applicant: _____

 Name of Business: _____

 Location of Business: _____

PLANNING AND ZONING DEPT (704-833-0363)

_____ **Noncompliance** _____ **In Compliance**

Inspector's Name _____

Date of Inspection _____

BUILDING INSPECTIONS (704-866-3155)

_____ **Noncompliance** _____ **In Compliance**

Inspector's Name _____

Date of Inspection _____

FIRE INSPECTION (704-915-1813)

_____ **Noncompliance** _____ **In Compliance**

Inspector's Name _____

Date of Inspection _____
