

On-Campus Business Application



Name: _____

Date: _____

Apt. or room # _____

Business name: _____

Nature of your business: _____

What will be the hours of operation of your business? _____

Is there the potential for noise levels that neighbors may hear related to the operation of this business?

Yes or No (Circle One) If yes, explain: _____

Will you be storing any chemicals or flammable materials in your apartment related to this business?

Yes or No (Circle One)

If yes, list the items and attach Material Safety Data Sheets

How many customers do you anticipate having at your apartment per week? _____

Have you confirmed your proposed business is in compliance with Town of Wake Forest Ordinances and Licensing Requirements? Yes or No (Circle One)

Town of Wake Forest Planning Department

jcooper@wakeforestnc.gov

Phone 919-435-9510

Signature: _____

Office Use Only

Approved: _____ Reason: _____

Not Approved: _____

Director of Housing: _____ Date: _____