

North Carolina Bedding Manufacturer License - Renewal Application

NC General Statutes, Chapter 106 Article 4H Bedding

02 NCAC Chapter 61 Sanitation of Bedding

(Print) Manufacturer's Name		Registration Number
Facility Street Address (Box Number, Street Address, Rural Route, or Other)		
City State Zip		Country
List the type of bedding items manufactured		County (if in NC)
Contact Person and Preferred Mailing Address		
Phone Number	Fax Number	E-mail Address

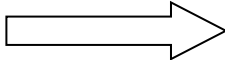
Answer the following questions about your business volume in North Carolina for the previous calendar year.

<p align="center">START HERE IF THIS FACILITY IS LOCATED IN NORTH CAROLINA Complete 1-23</p>		
<p align="center">ALL PRODUCTS MANUFACTURED IN NORTH CAROLINA BUT NOT SOLD IN NORTH CAROLINA</p>	1. Enter the number of pillows and decorative pillows.	_____
	2. Enter the number of comforters.	_____
	3. Add Enter boxes 1 and 2. Put the total here.	_____
	4. Divide the total in box 3 by 5 (five). If this results in a fraction, round it off to the next highest number. Put the result here.	_____
	5. Enter the number of mattresses and upholstered springs.	_____
	6. Enter the number of sleeping bags.	_____
	7. Enter the number of cushions.	_____
	8. Enter the number of pads.	_____
	9. Enter the number of padded or stuffed items designed to be commonly used for reclining or sleeping, including studio couches and sofa beds.	_____
	10. Add boxes 4 through 9. Put the total here.	_____
	11. The fee for each item in box 10 is 5.2 cents. Multiply total in box 10 by .052 and put the results here no <u>Less than \$50.00</u> and no <u>More than \$750.00</u>	
<p align="center">ALL PRODUCTS MANUFACTURED IN NORTH CAROLINA AND SOLD IN NORTH CAROLINA</p>	12. Enter the number of pillows and decorative pillows.	_____
	13. Enter the number of comforters.	_____
	14. Add boxes 12 and 13. Put the total here.	_____
	15. Divide the number in box 14 by 5 (five). If this results in a fraction, round it off to the next highest number. Put the results here.	_____
	16. Enter the number of mattresses and upholstered springs.	_____
	17. Enter the number of sleeping bags.	_____
	18. Enter the number of cushions.	_____
	19. Enter the number of pads.	_____
	20. Enter the number of other padded or stuffed items designed to be or commonly used for reclining or sleeping, including studio couches and sofa beds.	_____
	21. Add boxes 15 through 20. Put the total here.	_____
	22. The fee for <u>each</u> item in box 21 is 5.2 cents. Multiply the number in box 21 by .052 and put the results here, <u>but not less than \$50.00</u>	_____
	23. Add BOXES 11 AND 22 AND ENTER THE AMOUNT DUE HERE.	

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**START HERE IF THIS FACILITY IS LOCATED OUTSIDE OF NORTH CAROLINA
OR THE UNITED STATES Complete**

1-11

ALL PRODUCTS MANUFACTURED OUTSIDE OF NORTH CAROLINA OR THE UNITED STATES AND SOLD IN NORTH CAROLINA	1. Enter the number of pillows and decorative pillows.	
	2. Enter the number of comforters.	
	3. Add boxes 1 and 2. Put the total here.	
	4. Divide the total in box 3 by 5 (five). If this results in a fraction, round it off to the next highest number. Put the result here.	
	5. Enter the number of mattresses and upholstered springs.	
	6. Enter the number of sleeping bags.	
	7. Enter the number of pads.	
	8. Enter the number of cushions.	
	9. Enter the number of padded or stuffed items designed to be commonly used for reclining or sleeping, including studio couches and sofa beds.	
	10. Add boxes 4 through 9. Put the total here.	
	11. The fee for each item in box 10 is 5.2 cents. Multiply total in box 10 by .052 and put the results here, <u>but not less than \$50.00</u>	
Pay this amount 		

This is to certify that I have examined this application and have determined that the information contained therein is correct.

"Chief Financial Officer" means the officer or employee with primary booking keeping responsibility for a business that manufactures bedding in this state or manufacturers bedding to be sold in this state.

Signed: _____ Date: _____
Chief Financial Officer

Name Printed: _____

Please include a current copy of the Uniform Registration Number certificate from the issuing state with your application.

Checks payable to:

Sleep Products Section, NCDA&CS

(Must be written on a US bank or US affiliate bank in US dollars).

A SERVICE CHARGE OF \$25.00 WILL BE CHARGED ON ALL RETURNED CHECKS

Mail to:

Sleep Products Section
NCDA&CS, Structural Pest Control & Pesticides Division
1090 Mail Service Center
Raleigh, NC 27699-1090

Express Mail: **NEW ADDRESS**

Sleep Products Section
NCDA&CS, Structural Pest Control & Pesticides Division
4400 Reedy Creek Road
Raleigh, NC 27607

Sleep Products Section
Phone: 984-236-4575