

**CITY OF GOLDSBORO Inspections Dept.**  
**Business Registration Application**  
200 N. Center St., Goldsboro, NC 27530  
Ph: (919) 580-4385 Fax: (919) 580-4315

Application Date: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Business or Personal E-Mail: \_\_\_\_\_  
Federal Tax ID or Social Security No.: \_\_\_\_\_  
Description of Business: \_\_\_\_\_

(If licensed by the State of North Carolina, provide the following information)

Contractor Type: \_\_\_\_\_ State License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_

**Business Registration Fee: \$20 (Expires 6/30/2021)** **Total: \_\_\_\_\_**

Under penalty prescribed by law, I hereby affirm that the information provide on this application, is true to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(All applications must be signed)**

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Amt. Rec'd. \_\_\_\_\_

**This application must be filed with the Inspections Department prior to opening a new business and renewed annually, thereafter. Upon receipt of payment and approval of application, a registration certificate will be issued. Certificate should be posted at your business location. The fee is to be paid by the applicant at the time of submittal.**