

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: _____

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Business Registration Fee: \$20.00 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.