

**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: _____

Location of Business named above: Commercial location: _____ Home Based 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 6/30/2025)

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.