



TOWN OF HERTFORD

BUSINESS REGISTRATION APPLICATION

FOR JULY 1, 2022 THROUGH JUNE 30, 2023

Application Date: _____

Business Name: _____

Business Type: (circle one) Individual Partnership Corporation Other

Business Location: _____

Business Mailing Address: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Description of Business: _____

Permit Information:

_____ Business Registration \$25/per year

Please send payments to:

Town of Hertford
Attention: Town Clerk
PO Box 32
Hertford, NC 27944

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

Signed: _____ Title: _____

FOR OFFICE USE ONLY

Date: _____ Amount Received: _____

Customer Number: _____ Received By: _____