



**TOWN OF HERTFORD**

**BUSINESS REGISTRATION APPLICATION**

FOR JULY 1, 2024 THROUGH JUNE 30, 2025

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 \$25.00/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 provided on this application is true to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

Amt. Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Customer Number: \_\_\_\_\_