

# City of Roanoke Rapids Business Registration Application



TERM OF CERTIFICATE: July 1 through June 30

Application Date: \_\_\_\_\_ Federal ID/SSN: \_\_\_\_\_

Business Name: \_\_\_\_\_

Db: \_\_\_\_\_

Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Agent/Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Business Type: Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Nature of the Business: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Is this business regulated by a state occupational licensing board? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, State of Issue: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Does the nature of this business require bonding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Bonding Co.: \_\_\_\_\_ Bond #: \_\_\_\_\_ Expiration: \_\_\_\_\_

I hereby certify that I have the appropriate authority to act on behalf of the business named above. I further certify that all representations made in this form, and any associated forms, is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*For Office Use Only*

Acct #: \_\_\_\_\_ Certificate #: \_\_\_\_\_