



THE CITY OF
Reidsville
NORTH CAROLINA

REGISTRATION APPLICATION

City of Reidsville
Finance Department
230 W. Morehead Street
Reidsville, NC 27320
Ph (336) 349-1001
Fax (336) 349-1005

Date: _____

Customer Number: _____ (Office Only)

Customer Name/Business Name: _____
(This is name that appears on the license)

Street Address: _____
(Location of the Business or Rental Property)

City: _____ State: _____ Zip: _____

Mailing Address: _____
(If different from the Street Address-where the license should be mailed)

City: _____ State: _____ Zip: _____

Contact Person: _____
(This is the owner/manager/responsible party)

Phone Number: _____ Fax Number: _____

Business Description: _____

~Your license will be mailed to the address indicated~

Office Use Only:

License Category: _____

License Code: _____

Amount: \$ _____