

PICKENS COUNTY, GEORGIA
APPLICATION FOR BUSINESS LICENSE

Fee: \$100.00 Non-Refundable

Business License Number

Make check payable to: Pickens County
Mailing Address: 1266 East Church Street, Suite 136
Jasper, GA 30143

If the business involves public interaction or transaction, assembling or congregating at a specific location, or a change in occupancy you will need to contact the Fire Marshal at 706-253-8951 prior to a business license being issued.

APPLICANT AGREES TO CONFORM WITH ALL LAND USE INTENISTY REGULATIONS

Current Zoning Use: (Circle) AG SA ER RR SR UR SPC SRPC NC HB I

PLEASE PRINT (First you must register with the Tax Assessors Office)

Date of Application:

1. Name of Owner:

Home Address:

Social Security Number: Daytime Phone Number: (Include Area Code)

2. Name of Company:

Incorporated: Proprietorship: Partnership:

Service Address:

Mailing Address:

Daytime Phone Number: Local Contact Person:

3. Does your line of work require state licensure under Title 43 of the Official Code of Georgia Annotated? Yes No

\*\*If yes, a copy of license must be attached to the application.\*\*

4. Nature of Business: Federal Tax I.D. #:

5. Number of Locations for this Business: Number of Employees

6. If more than 10 employees, provide E-Verify Number and Date Number Received: (Federal Work Authorization User Identification Number)

7. Map/Parcel Number of Each Location: Available from Tax Assessor's Office

Email Address:

8. Date Business Began at This Location:

9. Is Food Being Prepared for Resale? Yes No If yes, food service permit must be provided: Yes No

10. Does the Company Own the Building and Real Estate? : Yes No
If No, List the Owner and His/Her Telephone Number:

11. Any changes in the Nature of Business, Process Used, or Changes in the Size of Structure shall be reported to the Departments Listed Below:

Planning & Development: 706-253-8850 Tax Assessor: 706-253-8700
Environmental Health Services: 706-253-0900 Fire Marshal: 706-253-8951

\*\*\*\*\*

Signature of Applicant: Date

Signature of Issuing Authority: Date