

Pickens County

BUSINESS LICENSE RENEWAL FORM

Please answer every question

Business
License No:
Bus. Name:

Is the location of the business the same?

Yes
 No (If not, please write new location address)

Owners Name & Address:

Please, describe the kind of services your business provides:

Do you wish to renew your Business License? If you are not renewing your business, please indicate on this form tha the business is closed, your are retired, moving, etc.

Yes No (Please explain)

Number of Employees:
(Please correct, if changed)

State License Number:

State License Expiration Date:

Business Phone Number:

*****Please include a copy of your most recent state license as required by O.C.G.A. Chapter 43 for Professionals.**

INC
 LLC
 Sole Proprietorship
 Partnership

Fax Number:

Owner's Phone Number:

I hereby certify the information provided above is true and correct to the best of my knowledge.

E-Mail Address:

Signature

Date

Do you need to change the name of your business?

Yes (Please, write new name)
 No

MY E-VERIFY NUMBER IS:

CHECK BOX IF BUSINESS IS EXEMPT FROM E-VERIFY:

Renewal Fees: \$100.00

Is your mailing address the same?

Yes
 No (Please, write new address)

Make your check payable to Pickens County , and mail with this form to:
Pickens County Planning & Development
1266 East Church Street Suite 136
Jasper, Georgia 30143
Phone: 706-253-8850
Fax: 706-253-8854

Office Use Only

Cash
 Credit Card _____
 Check # _____

Receipt #: _____
Amount Pd _____
Date Pd _____

Renewals are due no later than June 30th each year.
TRANSFER FEE (Business Name Change or Location): \$10.00
After June 30th , a penalty of 10% will be charged for late fees.

**HIGHLIGHTED FIELDS ARE
REQUIRED TO BE FILLED IN**