Pickens County Business License Renewal Form

Business Name: ____________________________________________

Business Address: _________________________________________

Owner Name: ___________________ Phone Number: _____________

Mailing Address: ___________________________________________

Email Address: _____________________________________________

Nature of Business: ___________________ Number of Employees: ______

E-Verify Number: ___________________ Check box if exempt from E-Verify: [ ]

*REQUIRED* CHECK APPLICABLE BOX:

United States Citizen [ ] Legal Permanent Resident [ ]

Does the Secretary of State require your business to have a separate license through The State of Georgia?

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

State License Number: ___________________ State License Expiration Date: _____________

I herby certify the information provided above it true and correct to the best of my knowledge.

Signature: ___________________ Date: _____________

*Renewals are due no later than June 30th each year. After June 30th, a penalty of 10% will be charged for late fees. *

Renewal Fees are $100.00
Name or Address Change Fee $10.00

Please Make Checks Payable to Pickens County, and mail with this form to:

Pickens County Planning & Development
1266 East Church Street Suite 136
Jasper, GA 30143
Phone: 706-253-8850
Email: plandev@pickenscountyga.gov

If you do not wish to renew your business license, please sign below and explain.

Signature: ___________________ Date: _____________

Reason for non renewal: _____________________________________________