	<p>Town of Mt. Airy P.O. Box 257 869 Dicks Hill Parkway Mt. Airy, GA 30563 Phone: (706)778-6990 Fax: (706)776-3976</p>	<p>Business License New / Renewal Application</p>
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Business Name: _____

Business Physical Address: _____

Business Mailing Address _____

City/State/Zip Code: _____

Business Phone: _____ Cell Phone # _____

Business Email: _____ Fax #: _____

Business Website: _____

Business Contact Person: _____ Phone #: _____

Contact Mailing Address: _____

Fire Marshal Inspection: _____ Opening Date: _____


Applying for Sign Permit: _____ Yes No _____

Federal ID #, EIN # or Social Security # _____

Description of this Business / Service(s): _____

Type of Company

- Sole Proprietorship
- Legal Partnership
- S Corporation
- C Corporation
- Limited Liability Co.

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Location of Business:

- Home
- Commercial

Landlord: _____

If you are required to have a Georgia professional or trade license or business registration, attach a current copy. (ie: doctors, contractors, beauticians, nail technician, therapist, chiropractor, etc.) We cannot process your license without a current copy.

I, _____ (print) being the Owner___ Officer___ Agent___ certify that all information contained herein is true and correct. I understand that submittal of this application and fee DOES NOT entitle the applicant to engage in the business applied for until such application is approved and the business license is issued. **I also understand that it is my responsibility to renew PER CALENDAR YEAR** to avoid penalties.

Signature Date

Printed Name

Amount Paid: _____ Check # _____ Cash _____

Fees:

License Annually - \$ 50.00
Administrative Fee Annually - \$ 25.00
Late Fee: January 10th- February 9th—10%
February 10th-until paid 5% for each period of 30 days

RENEWAL FEE IS DUE BY DECEMBER FOR THE FOLLOWING YEAR



Town of Mt. Airy
P.O. Box 257
869 Dicks Hill Parkway
Mt. Airy, GA 30563
Phone: (706)778-6990
Fax: (706)776-3976

Business License
New / Renewal
Application

Official Use:

Name of Applicant: _____

Business License #: _____

Date Submitted: _____

Approved: _____ Date: _____

Approval Signature: _____

Title: _____

Not Approved: _____ Date: _____

Comments: _____
