

CITY OF BOGART



City Hall
(770) 725-7386
(770) 725-5988

BUSINESS LICENSE REGISTRATION
BOGART, GEORGIA

125 Main St.
P.O. Box 206
Bogart, GA 30622

NAME OF OWNER _____ PHONE NO. _____

NAME OF BUSINESS _____ BUSINESS PHONE NO. _____

ADDRESS _____

PLEASE COMPLETE THE FOLLOWING

DATE IN WHICH YOU PLAN TO ESTABLISH YOUR BUSINESS _____

PURPOSE OF OPERATIONS _____

NUMBER OF EMPLOYEES • FULL TIME _____ • PART TIME _____ TOTAL _____

IS YOUR BUSINESS SEASONAL (CHECK ONE) YES NO IF YES, HOW MANY MONTHS OUT OF THE YEAR WILL YOU OPERATE _____ PLEASE NAME THOSE MONTHS _____

PLEASE GIVE THE NAME OF CO-OWNER/AGENT (IN CASE OF EMERGENCY) _____

IF MORE THAN ONE LOCATION EXISTS WITHIN THE CORPORATE LIMITS PLEASE GIVE NAME AND ADDRESS (BRANCH, ETC) _____

I, _____ DO HEREBY REGISTAR FOR A BUSINESS LICENSE TO OPERATE WITHIN THE CITY OF BOGART, AND HEREBY AFFIRM THAT THE INFOMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY PLEASE DO NOT WRITE BELOW LINE

ZONING DISTRICT _____ REVIEWED BY _____

(CHECK ONE) APPROVED REJECTED ON _____ DATE _____ IF APPROVED -

EFFECTIVE DATE _____ BUSINESS LICENSE NO. (ASSIGNED) _____

AMOUNT OF FEE \$ _____ PRO-RATED YES NO

DATE LICENSE ISSUED _____

I CERTIFY THAT THE ABOVE IS ACCORDANCE AND COMPLIANCE WITH THE BUSINESS LICENSE TAX ORDINANCE FOR THE YEAR AS REGISTERED

SIGNATURE, CITY CLERK _____ DATE _____

NOTE NO BUSINESS LICENSE WILL BE ISSUED FOR BUSINESSES HAVING ACCESS TO STATE OR FEDERAL HIGHWAYS, OR THAT ARE STATE OR FEDERAL FUNDED UNLESS A DOT COMMERCIAL APPROVED DRIVEWAY PERMIT HAS BEEN OBTAINED FIRST. A COPY OF THE APPROVED PERMIT MUST BE ATTACHED TO THIS APPLICATION, BEFORE CONSIDERATION WILL BE GIVEN FOR A BUSINESS LICENSE