



Gilmer County Planning & Zoning
10 Broad St
Ellijay, GA 30540
Phone: 706-635-3406 FAX: 706-635-3405

Application for Business License

PLEASE PRINT

Date: _____

Name of Applicant: _____ Title: _____

Home Address: _____

Phone: _____ S.S.#: _____

Company Name: _____

Incorporated: _____ Proprietorship: _____ Partnership: _____ LLC: _____

Service Address: _____

Mailing Address: _____

Do you require a state license under Title 43 of the Official Code of Georgia Annotated? Yes No

**** If yes, please provide a copy at time of application.****

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

of Locations: _____ # of Employees: _____

Date Business Began: _____

Is food being prepared for resale? Yes No

Does the company own the building / Real Estate? Yes No If not, list the owner's name and phone number: _____

Applicant agrees to conform to all Land Use Regulations. Make sure all information is accurate.

Customary home occupation shall use no more than 20% of the total square footage of the home.

Please provide total square footage used for your business: _____

Signature of Applicant: _____

Map/Parcel #: _____ Current zoning: _____

Fire Marshall: _____

Zoning Administrator: _____



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***Affidavit Verifying Eligibility
For a Gilmer County Business License/Occupational Tax
Certificate***

By executing this affidavit under oath, as an applicant for a Gilmer County Business License/Occupational Tax Certificate, I am stating the following with respect to my application for a Gilmer County Business License/Occupational Tax Certificate for _____

[INSERT BUSINESS NAME]:

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

Notary Public
My Commission Expires: _____

Alien Registration number for non-citizens