

# DAWSON COUNTY, GEORGIA

Phone: 706.344.3651 25 Justice Way – Suite 2321 – Dawsonville, GA 30534 Fax: 706.344.3652

## BUSINESS LICENSE APPLICATION & RENEWAL FORM

*Business License Ordinance adopted November 19, 2009 requires any business operating within unincorporated Dawson County to have a Dawson County business license. Please be aware that you may be subject to inspection by Dawson County Code Enforcement.*

MARCH

**PLEASE FILL OUT COMPLETELY – LEAVE NO BLANKS**

**Business Name:** \_\_\_\_\_

**Dawson 911 Street Address:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

**Dawson Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Business Email Address:** \_\_\_\_\_

**Business Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Mailing Address Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of Business and Service(s) Offered** \_\_\_\_\_

*The above information is public and may be released upon inquiry.*

*The information required below is confidential & cannot be released except as provided for by Business Resolution 48-13-15 Et Seq.*

**Number of Employees:** \_\_\_\_\_ **Federal EIN #** \_\_\_\_\_ **Georgia \*\* Sales Tax #** \_\_\_\_\_

**WE NEED THE GEORGIA SALES TAX 9-DIGIT NUMBER.**

*\*\*\*Per O.C.G.A. § 48-13-1, your Georgia Sales Tax Identification Number, business name and address, and applicable North American Industry Classification System Code Number are submitted to the Department of Revenue. The failure or refusal to provide this information shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20. In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this form shall be confidential and privileged. In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia. Any questions or comments regarding the collection of sales tax or this notice should be directed to the Georgia Dept. of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.*

**Type of business:**

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

**Attach copy of:**

- Driver's license for sole proprietor
- Driver's license for all partners
- Verification of Georgia Secretary of State's annual registration
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If you are required to have a State of Georgia professional license or business registration, attach a current copy. (Example--physicians, veterinarians, attorneys, certified public accountants, real estate agents, insurance agents, contractors, cosmetologists, massage & physical therapists, etc.) We cannot process your license without a copy of your current license.

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 is my responsibility to renew yearly.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY:**

License # \_\_\_\_\_ Date Established \_\_\_\_\_ NAICS Number \_\_\_\_\_

Home Office \_\_\_\_\_ Home Occupation \_\_\_\_\_ Commercial \_\_\_\_\_

TMP # \_\_\_\_\_ Zoned: \_\_\_\_\_ Zoning Verification: \_\_\_\_\_

Planning Director Approval (if applicable): \_\_\_\_\_