

FOR OFFICE USE ONLY

ACCOUNT # _____ CERTIFICATE # _____

AMOUNT PAID: \$ _____ CASH CHECK _____ CARD _____

Gwinnett County Licensing and Revenue

446 West Crogan Street

Lawrenceville, GA 30046

(678) 377-4100

Email Applications to: NewBusinessLicense@gwinnettcountry.com

Completed application and all required affidavits/forms and approvals must be submitted together. Applications submitted with missing information, documents and/or required approvals will not be accepted.

1. TYPE OF OWNERSHIP: (Check One)

Sole Proprietorship Partnership Corporation Limited Liability Company (LLC)

2. BUSINESS: (Check One) HOME BASED COMMERCIAL BASED

(a) Tradename/DBA Name: _____

(b) Business Location: _____
Address (including Suite/Unit #) (No P.O. Box or Virtual Office)

_____ *City* *State* *Zip Code* *Business Phone*

(c) Mailing Name: _____

(d) Mailing Address: _____
Address (including Suite/Unit #) or P.O. Box

_____ *City* *State* *Zip Code*

3. APPLICANT (NAME OF SOLE OWNER / PARTNER / OFFICER OF CORP / MEMBER OF LLC):

(a) Full Name: _____

(b) Mailing Address: _____
Address or P.O. Box

_____ *City* *State* *Zip Code* *Phone*

4. LOCAL BUSINESS CONTACT PERSON: (for commercial located businesses only)

(a) Full Name: _____
MUST BE A GEORGIA RESIDENT

(b) Home Address: _____
Address (No P.O. Box or Commercial Address)

<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone</i>
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5. LEGAL ENTITY (CORPORATION / LIMITED LIABILITY COMPANY / LIMITED PARTNERSHIP):

(a) Complete Legal Entity Name: _____

(b) Date of Formation with the Georgia Secretary of State (MM-DD-YYYY): _____

(c) List All Officers / Members / Partners by Name **and** Position:

	Complete Name	Position
1:	_____	_____
2:	_____	_____
3:	_____	_____

Attach sheet if additional space is required

6. PARTNERSHIPS NOT FILED WITH THE SECRETARY OF STATE: Date Formed: _____
MM-DD-YYYY

(a) **List Partners:**

1. _____
Full Name *% of Ownership*

Home Address: _____
Address (No P.O. Box or Virtual Office)

<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone</i>
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2. _____
Full Name *% of Ownership*

Home Address: _____
Address (No P.O. Box or Virtual Office)

<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone</i>
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7. FEDERAL TAX ID # _____ OR LAST FOUR DIGITS OF THE SS# _____
 FOR THE SOLE OWNER / OFFICER / PARTNER / SOLE MEMBER _____
8. DATE BUSINESS WILL OPEN/OPENED AT THIS LOCATION (MM-DD-YYYY): _____
9. DESCRIBE LINE OF WORK: _____
10. NAICS CODE (6 DIGITS): _____ Visit <https://www.naics.com/search> to identify code.
11. PROJECTED GROSS REVENUE FROM CUSTOMERS IN GEORGIA: \$ _____
12. NUMBER OF EMPLOYEES AT THIS LOCATION (INCLUDE OWNER AS ONE): _____
13. * GEORGIA SALES AND USE TAX ACCOUNT NUMBER (9 DIGITS): _____
14. EMAIL ADDRESS (REQUIRED-ANNUAL RENEWALS ARE ONLINE):
 _____@_____.com

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FALSE OR FRAUDULENT INFORMATION. IN ADDITION, I UNDERSTAND MY BUSINESS LOCATION MUST CONFORM TO ALL GWINNETT COUNTY ORDINANCES, RULES AND REGULATIONS. FURTHERMORE, I UNDERSTAND NON-COMPLIANCE WITH ANY GWINNETT COUNTY ORDINANCE, RULE OR REGULATION WILL RESULT IN NON-RENEWAL OF THE BUSINESS / OCCUPATION CERTIFICATE FOR THIS BUSINESS.

Printed Name: _____ Title: _____
Sole Owner/President/CEO/Managing Member/Majority Partner

Signature: _____ Date: _____
Sole Owner/President/CEO/Managing Member/Majority Partner

Check List for Attachments (Provide Copies)

- (All businesses) If this business is a LLC, Corporation or Limited Partnership, provide a copy of the GA Secretary of State Certificate of Organization / Incorporation and Articles listing all officers and agents
- (All businesses) If your profession / occupation is required to obtain a state license, health permit, or any other regulatory approval from any state, federal or professional licensing board, provide a copy of the current license / certification
- (All businesses) Original notarized E-Verify Private Employer of Compliance Affidavit
- (All businesses) Original notarized U.S. Citizen / Qualified Alien Affidavit along with a front and back copy of your secure and verifiable identification document
- (Commercial based businesses) Certificate of Occupancy reflecting your DBA/Tradenname
- (Home based businesses) State of GA issued Driver's License/Photo ID showing current home address, which must match location address on Page 1

* Contact the Georgia Department of Revenue (Georgia Tax Center) to determine if required for this business type