

HALL COUNTY BUSINESS LICENSE APPLICATION

430 S Prior St
Gainesville, Ga. 30501
PH- 770-531-6815

P. O. Box 1435
Gainesville, Ga. 30503
FAX- 770-531-4953

Business Name _____ Phone (____) _____

Business Address _____
Number & Street Name _____ City _____ State _____ Zip _____

Mailing Address _____
If different from above address

E-Mail Address _____

Total number of people working in business full time, or part-time equaling full time _____

Beginning Date of business at above address _____ State License # _____
Expiration Date _____

Federal Employer ID # (FEI #) _____ GA. Sales Tax # _____

Business Type (be very specific as to what you will be doing):

OWNER INFO

Name of Owner OR Officer of Corp. & title _____ Owner Partner Officer _____ Home Address _____ City _____ State _____ Zip _____

Home phone# _____ Cell # _____

Additional partner name if Applicable _____ Home Address _____ City _____ State _____ Zip _____

Home phone# _____ Cell # _____

TYPE OF OWNERSHIP Sole Proprietor, Partnership, Corporation LLC

If Corporation or LLC, what is the exact, complete name as it is registered with the Georgia Secretary of State's Office:

Corporate Address _____ City _____ State _____ Zip _____

Along with this application, please bring a photo ID on all owners and/or president of the corporation, Green Card (if applicable), Occupancy Permit for the business location (issued by Planning & Zoning Dept or Building Inspection Dept) AND any other required documentation. These items MUST be submitted before any license can be issued.

FOR OFFICE USE ONLY

BL# _____

CO# _____

TP# _____

ZONING _____



HALL COUNTY BUSINESS LICENSE DEPT

P O DRAWER 1435
GAINESVILLE, GA. 30503

Phone 770-531-6815

430 S. Prior Street SE

Fax 770-531-4953

TAKE THIS FORM TO THE HALL COUNTY TAX COMMISSIONERS OFFICE LOCATED AT 300 HENRY WARD WAY, GAINESVILLE, GA. (see Zonell or Patti). Once signed, return with your application.

CERTIFICATION

HALL COUNTY TAX OFFICE

This is to certify there are no delinquent Hall County taxes currently outstanding in the name:

of _____
Business Name

or _____
Applicant/Owner

Business Address _____

Owner home address _____

Tax Parcel Number _____

(this number can be obtained from the Planning Department or from your Commercial Occupancy Permit)

Hall County Tax Commissioner

Date

WHEN FORM IS COMPLETED RETURN IT TO THE BUSINESS LICENSE OFFICE WITH YOUR APPLICATION

