

ACCOUNT # _____

CERTIFICATE # _____

**GWINNETT COUNTY INITIAL
BUSINESS/OCCUPATION
TAX APPLICATION
COMMERCIAL LOCATIONS**

**INSTRUCTIONS: PLEASE PRINT OR TYPE AND RETURN APPLICATION IN
PERSON OR BY MAIL. LOCATED AT 750 S. PERRY STREET, STE-300
LAWRENCEVILLE, GA. 30045. PHONE 678-377-4100**

www.gwinnettcounty.com

FOR OFFICIAL USE ONLY		MAILING ADDRESS
SIC# _____	NAICS _____ CLASS _____	GWINNETT COUNTY LICENSING AND REVENUE
TYPE _____	AMOUNT PAID _____	P O BOX 1045 LAWRENCEVILLE, GA. 30046

E-MAIL ADDRESS _____

BUSINESS NAME _____ TEL. _____

BUSINESS ADDRESS _____ FAX _____

SUITE/APT _____

CITY/STATE/ZIP _____

MAILING NAME _____ TEL _____

MAILING ADDRESS _____

SUITE/APT _____

CITY/STATE/ZIP _____

REGISTERED AGENT _____ TEL _____
MUST BE A GWINNETT COUNTY RESIDENT

HOME ADDRESS _____

SUITE/APT _____

CITY/STATE/ZIP _____

OWNER/OFFICER _____ TEL _____

HOME ADDRESS _____

SUITE/APT _____

CITY/STATE/ZIP _____

FEDERAL TAX ID# _____ OR LAST 4 DIGITS OF SS # _____

TYPE OF OWNERSHIP: SINGLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____

IF CORPORATION PLEASE GIVE STATE INCORPORATED _____ DATE INCORPORATED _____

FULLY DESCRIBE TYPE OF BUSINESS _____

ESTIMATED GROSS RECEIPTS FOR THIS YEAR FROM SALES AND SERVICES TO CUSTOMERS IN GEORGIA \$ _____

NUMBER OF EMPLOYEES, INCLUDING OWNERS FOR GWINNETT COUNTY LOCATION _____

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 ZONING RULES AND REGULATIONS.

SIGNATURE _____ DATE _____

BILL WILL BE CALCULATED AND MAILED