

1764 Broad Street
PO Box 157
Lumpkin, Georgia 31815
Office: (229) 838-6769
Fax: (229) 838-9856
Carole Stewart/County Clerk



License Number: _____

Date: _____

STEWART COUNTY BUSINESS LICENSE APPLICATION

REASON FOR APPLICATION (Check One) Have you previously applied for a business license with our office? Y or N _____

RENEWAL OF EXISTING LICENSE

New Business Started: Enter Business Location Address: _____

Existing Business Purchased _____ Date of Purchase (Mo/Day/Yr) _____

Existing Business Name Change – Previous Name: _____

Existing Business Location Changed – Previous Location: _____

NAME OF BUSINESS: _____

Location of Business: _____

Number and Street (room, apt, or Suite #) City State Zip code

Mailing Address: _____

Number and Street (room, apt, or Suite #) City State Zip code

Date Business Started at Location (Mo/date/Yr) _____ Federal Tax ID Number _____

TYPE OF OWNERSHIP (Check One): Sole Proprietor Partnership Corporation Other (Specify) _____

Business Telephone Number: () _____ Business Email Address: _____

Legal Name: (Example: If incorporated, give name of corporation) _____

PLEASE COMPLETE RESIDENTIAL INFORMATION:

Owner Partner Vice President Other (Specify) _____

Name **Number and Street (room, apt, or Suite #)** **City** **State** **Zip code**

Detailed explanation of business activity to be conducted at location:

Are the owners United States Citizens? Yes No (If no, please provide proof of alien registration)

TO BE COMPLETD BY APPLICANT (Must be signed by owner, partner or authorized officer of corporation):

I, _____, being duly sworn according to law, do swear that the facts stated by me in the above and foregoing answers are true and no false or fraudulent statement is made herein.

Date: _____ Applicant's Signature: _____