

**CITY OF WINDER
BUSINESS REGISTRATION APPLICATION**

Date: _____

Business Name: _____

Type of Business: _____

Describe Business in Detail: _____

Business Address: _____

Business Mailing Address (if different from above): _____

Business Phone #: _____ # of Employees: _____

Federal Tax #: _____ Contractor State #: _____

Sales Tax #: _____ (COPY OF CERTIFICATE REQUIRED)

I understand as the applicant that **I must contact** the following people/agencies:

- | | |
|--|---|
| <input type="checkbox"/> Internal Revenue Service/Fed ID | <input type="checkbox"/> Georgia Department of Revenue/Georgia Sales Tax Number |
| <input type="checkbox"/> Barrow County Health Department/Department of Agriculture | <input type="checkbox"/> City of Winder Fire Department/Captain Jeff Carlyle |

Is this a new business? Yes No I am purchasing this business from (owner's name): _____

Name of Previous Business (if different): _____ Previous License #: _____

Owner Name: _____ Home Phone #: _____

Owner Address: _____

Cell Phone #: _____ E-Mail Address: _____ Web Address: _____

Date of Birth: _____ SS#: _____ Georgia DL#: _____

(Card Must Be Verified)

(Copy of license required)

Manager/Operator (if different than above)

Name: _____ Home Phone #: _____

Home Address: _____

Cell Phone #: _____ E-Mail Address: _____ Web Address: _____

Date of Birth: _____ SS#: _____ Georgia DL#: _____

(Card Must be Verified)

(Copy of license required)

Do you own or rent the property where your business will be located? Own Rent

(If you rent, please fill out the following information completely.)

Owner of Building: _____ Home Phone #: _____

Owner Address: _____ Business Phone #: _____

Other Phone #: _____

****I certify that the above information is correct and true to the best of my knowledge, and further understand that the above information will be checked by the City of Winder. I authorize the City of Winder to check my driving and criminal records file. I further certify that the business being registered herein, is not considered adult amusement, adult entertainment, or a sexually oriented business as defined in Chapter 3.5 of the City of Winder Code of Ordinances. I understand that any false statements may result in rejection of my application.**

Signature: _____ Date: _____

FOR USE BY THE CITY OF WINDER

Zoning of Business Address: _____ Is Zoning Compatible with Proposed Business: _____ NAICS Code: _____

_____ Approved/Denied _____ Date _____ Chief of Police	_____ Approved/Denied _____ Date _____ Environmental Protection Services
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_____ Approved/Denied _____ Date _____ Planning Director	_____ Approved/Denied _____ Date _____ City Administrator
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_____ Approved/Denied _____ Date _____ Fire Department	
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