

DAWSON COUNTY BUSINESS LICENSE APPLICATION

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IN ACCORDANCE WITH RESOLUTION 89-3, ANY BUSINESS OPERATING WITHIN DAWSON COUNTY
OUTSIDE THE CITY LIMITS, MUST HAVE A DAWSON COUNTY BUSINESS LICENSE
PLEASE BE AWARE THAT YOU MAY BE SUBJECT TO INSPECTION BY
DAWSON COUNTY CODE ENFORCEMENT

OFFICE USE ONLY

LICENSE # _____ MONTH/YEAR BUSINESS STARTED IN DAWSON _____

Date Applied _____ C/O Number _____

CHOOSE ONE: _____ HOME OFFICE _____ HOME OCCUPATION _____ COMMERCIAL

TMP # _____ ZONED _____ VERIFICATION OF ZONING _____

PLEASE FILL OUT BOTH SIDES OF THIS FORM – LEAVE NO BLANKS

BUSINESS NAME _____

DAWSON STREET ADDRESS _____

LOCAL CITY _____ STATE _____ ZIP _____

DAWSON PHONE () _____ CELL/PAGER () _____

MAILING ADDRESS _____ CITY _____ STATE/ZIP _____

CONTACT _____

MANAGER OR OWNER: _____ HOME PHONE () _____

TYPE OF BUSINESS AND SERVICES(S) OFFERED – **IN DETAIL:**

THE ABOVE INFORMATION IS PUBLIC AND MAY BE RELEASED UPON INQUIRY

THE INFORMATION REQUIRED BELOW IS CONFIDENTIAL AND CANNOT BE RELEASED EXCEPT AS PROVIDED FOR
BY BUSINESS RESOLUTION 89-3

OF EMPLOYEES _____ EIN # OR S/S # _____ Corporation Type _____
INCLUDING OWNERS

**IF YOU ARE REQUIRED TO HAVE A GA LICENSE OR REGISTRATION, ATTACH A CURRENT COPY; YOUR
LICENSE WILL NOT BE PROCESSED WITHOUT A CURRENT COPY**

PLEASE TURN THE PAGE OVER AND FILL OUT THE BACK OF THE FORM ALSO
