



BUSINESS LICENSE PRE-APPLICATION FORM

Please complete this form and bring it to your scheduled pre-application consultation with the Planning & Development Manager. Please call (404) 296-6489 to schedule an appointment.

PROSPECTIVE OWNER/APPLICANT INFORMATION

Name _____

Company _____

Mailing Address _____	Suite/Apt. # _____	City, State _____	Zip Code _____
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Primary Phone # _____	Alternate Phone # _____	Fax # _____
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Email Address _____

BUSINESS DESCRIPTION

Name of Business _____

Address within the City _____

Items sold, services rendered, and business activities to be conducted on the premises, including storage & display:

Proposed Opening Date _____	Proposed Number of Employees _____
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Proposed Hours:

Monday _____	Thursday _____	Saturday _____
Tuesday _____	Friday _____	Sunday _____
Wednesday _____		

BUSINESS MANAGER (IF DIFFERENT FROM OWNER/APPLICANT)

Name _____	Phone Number _____
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Home Address _____	Email Address _____
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