



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

Primary Phone #

Alternate Phone #

Fax #

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

Proposed
Hours:

Monday

Thursday

Saturday

Tuesday

Friday

Sunday

Wednesday

BUSINESS MANAGER (IF DIFFERENT FROM OWNER/APPLICANT)

Name

Phone Number

Home Address

Email Address