

CITY OF LAWRENCEVILLE
P.O. Box 2200, Lawrenceville, GA 30046 – (770) 963-2414
BUSINESS LICENSE / OCCUPATIONAL TAX RENEWAL APPLICATION
2017

License # _____

Instructions:

If your business is no longer active or has moved outside of the Lawrenceville city limits, sign and date this form and return to the address above.

Date business closed or moved: _____ Signature: _____

The City of Lawrenceville appreciates your decision to operate your business in Lawrenceville, and we hope that you continue to select Lawrenceville for future years. Please be aware that under State of Georgia Law, the City is required to comply with the Federal Systematic Alien Verification for Entitlements (SAVE) program and the E-Verify program which includes completion of the enclosed affidavits.

1. Type of Ownership:

- Sole Owner
- Corporation
- Partnership
- Limited Liability Company (LLC)

2. Business Information: Home Based Commercial Based

a. Business Name: _____

b. Business Location: _____

Address

City

State

Zip Code

Phone

c. Mailing Name: _____

d. Mailing Address: _____

Address

City

State

Zip Code

Phone

3. Local Business Contact Persons:

a. Full Name: _____ Phone _____

b. Full Name: _____ Phone _____

4. Sole Owner/President/CEO/Member of LLC/Partner:

a. Full Name: _____

b. Mailing Address: _____
Address

City	State	Zip Code	Phone
------	-------	----------	-------

5. For Partnership:

a. Date the partnership was formed: _____

b. List Partners: (attach additional sheet if needed)

1. Name: _____

Percent of Ownership: _____

Home Address: _____
Address

City	State	Zip Code	Phone
------	-------	----------	-------

2. Name: _____

Percent of Ownership: _____

Home Address: _____
Address

City	State	Zip Code	Phone
------	-------	----------	-------

6. For Corporation:

a. Corporation Name: _____

b. Date of Incorporation: _____

c. List of officer names and positions as filed with the Georgia Secretary of State:

1. _____

2. _____

3. _____

4. _____

7. For Limited Liability Company (LLC):

a. Name of LLC: _____

b. Date of Organization: _____

c. List of Members:

1. _____

2. _____

3. _____

4. _____

8. **Federal Tax ID Number** _____ (Corporation, Partnership, LLC)

Social Security Number _____ (Sole Owner/Officer/Partner/Sole Member)

9. **Georgia Sales and Use Tax Number** _____

10. **NAICS:** _____ (Lookup NAICS at www.lawrencevillega.org)

11. **Describe line of work:** _____

12. **Number of employees at this location:** _____ **Number of professionals:** _____

I certify the above information is true and correct and contains no false or fraudulent information. In addition, I understand my business location must conform to all City of Lawrenceville ordinances, rules, and regulations. Furthermore, I understand non-compliance with any City of Lawrenceville ordinance, rule, or regulation will result in non-renewal of the Business/Occupation Certificate for this business.

Signature: _____
Sole Owner/President/CEO/Managing Member/Majority Partner

Date: _____