



LAWRENCEVILLE

GEORGIA

Commercial Business License Application

After the application has been reviewed, our office will notify you of the approval or of any problems. If approved, you may then submit the appropriate fees and receive your license.

- 1: _____ Attach a copy of valid identification
- 2: _____ Attach a copy of current State registration (LLC, INC, etc.)
- 3: _____ Attach a copy of current State License (Medical, Contractor, etc)
- 4: _____ Proof of ownership: signed lease, warranty deed, bill of sale, or statement in writing with notarized signature from the business owner you are subleasing from.
- 5: _____ Gwinnett County Fire Marshal Certificate
- 6: _____ Gwinnett County Sewer Department Certificate, if applicable (grease trap)
- 7: _____ Gwinnett County Environmental Health Department Certificate, if applicable
- 8: _____ Georgia Department of Agriculture Certificate, if applicable
- 9: _____ City of Lawrenceville Planning & Development Certificate

Office use only:

_____ Application is complete

_____ Proper zoning

_____ SAVE, if applicable

Received _____ Approved _____ Denied _____

Comments: _____

Account _____ Date _____ Fee _____



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Business License Resources

State of Georgia:

Georgia Dept of Agriculture: 770-535-5955 www.agr.georgia.gov

Federal Tax Information and ID Number: 1-800-829-3676 www.irs.gov

Alcohol/Tobacco Tax Information: 877-423-6711 www.etax.dor.ga.gov

Secretary of State: www.sos.georgia.gov

Daycare License Information: 404-657-5562 www.daycare.com

Better Business Bureau: 404-766-0875 www.bbb.org

Small Business Development Center: 678-985-6820 www.georgiasbdc.org

Business Name Registration: 770-822-8196 www.gwinnettcourts.com

Environmental Health: 770-963-5132 www.gwinnettcounty.com

Fire Marshal: 678-518-6000 www.gwinnettcounty.com

Gwinnett County Sewer: 678-376-6700 www.gwinnettcounty.com

Chamber of Commerce: 770-232-3000 www.gwinnettchamber.org

Gwinnett Clean and Beautiful: 770-822-5187 www.gwinnettcb.org



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Business License Information

Renewal Information

- *All licenses expire December 31st of every year.
- *Renewal information will be mailed/emailed prior to expiration.
- *Failure to receive renewal information does not exempt you from making payments by the due date. It is your responsibility as the business owner.
- *Payments received after December 31st will be considered late.
- *After January 31st the license is subject to termination.

Commercial Businesses

- * Obtain a Certificate of Occupancy from the Gwinnett County Fire Marshal.

Restaurants

- *Provide copies of the following certificates: Environmental Health
Fire Marshal
Gwinnett County Sewer

Grocery and Convenience Stores

- *Provide a copy of inspection results and approval from the Georgia Department of Agriculture

I have read and understand the information stated above

Signature

Date



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Regulated Businesses

Insurance Businesses Sec 12-73-104

<https://bit.ly/3igOrWz>

Construction Contractors Sec 12-105

<https://bit.ly/3fKFC3T>

Sub-Contractors Sec 12-124

<https://bit.ly/2SXKqKE>

Used Car Dealers Sec 12-147-153

<https://bit.ly/3wWdXTI>

Pawnbrokers and Secondhand Dealers Sec 12-200-208

<https://bit.ly/3pFwF5Q>

Massage Therapists Sec 12-317-335

<https://bit.ly/2RiVDop>

Billiard Rooms Sec 12-585-591

<https://bit.ly/3vOvUDq>

Precious Metals Dealers Sec 12-701-709

<https://bit.ly/3vTQcvq>

I do acknowledge that the information noted on this page is strictly from the City of Lawrenceville's General Code of Ordinances Article 12. I do hereby agree to comply with all of the regulations for my specific business as defined in the City's General Code of Ordinances. The full City of Lawrenceville's Code of Ordinances can be found at www.municode.com

Signature of Owner

Date



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Business Information

Registered Name of Business

Physical Street Address of Business

Doing Business As Name

City, State, Zip

Business Phone

Mailing Address if Different from Physical Address

Business Email

Federal Tax ID Number

Georgia Sales & Use Tax Number

State License Number

Number of Employees including Owners

Number of Licensed Professionals

Type of Ownership

Corporation Partnership General Partnership Sole Proprietorship Limited Liability Corporation

Specific Business Activity: _____

Business Owner Information

Owner Name

Owner Address

Owner Phone

City, State, Zip

Note: Corporations and partnerships must provide the names of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.

Certification

I hereby certify that all information contained herein is true and correct. I understand that submittal of this application and fee does not entitle the applicant to engage in the business applied for until such application is approved and the license is issued. Furthermore, I acknowledge that I have read and understand the rules and regulations for the operation of my business in the City of Lawrenceville.

Owner Signature

Date



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Registered Agent Information Form

I, _____, do hereby consent to serve as the Registered Agent for the license, owners, officers, and/or directors of and to perform all obligations of such agency under the Code of Ordinances of the City of Lawrenceville, Georgia. I understand the basic purpose is to have and continuously maintain a Registered Agent upon, which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served. I understand that the Registered Agent must be a local resident.

Business Name: _____

Business Address: _____

Name of Agent: _____

Home Address of Agent: _____

Agent Contact Number: _____

Agent Driver's License Number: _____

Owner Signature

Agent Signature

Subscribed and sworn before me

Subscribed and sworn before me

This__ day of ____, 20__

This __ day of ____, 20__

Notary Public

Notary Public



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SAVE Public Benefits Affidavit- O.C.G.A § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for the City of Lawrenceville, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for public benefit:

1. ____ I am a United States citizen.
2. ____ I am a legal permanent resident of the United States.
3. ____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verified that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City), _____ (State).

Subscribed and sworn
Before me on this the
__ Day of ____, 20__

Signature of Owner

Printed Name of Owner

Notary Public



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Secure and Verifiable Documents

The following list of secure and verifiable documents, published under the authority of O.C.G.A§ 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not be indicative of residency or immigration status.

- An unexpired United States passport or passport card
- An unexpired United States military identification card
- An unexpired driver's license card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable identification of bearer
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card
- An unexpired Employment Authorization Document that contains a photograph of the bearer
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by US Department of Homeland Security Form I-94, I-94A, or I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law
- An unexpired Merchant Mariner Document or Mariner Credential issued by the US Coast Guard
- An unexpired FAST card, NEXUS card or SENTRI card
- An unexpired driver's license by a Canadian government authority
- A Certificate of Citizenship (Form N-560 or Form N-561) or a Certificate of Naturalization (Form N-560 or Form N-570) issued by the United States Department of Citizenship and Immigration Services (USCIS)
- Certificate of Report of Birth (Form DS-1350), a Certification of Birth Abroad (Form FS-545), or a Consular Report of Birth Abroad (Form FS-240) issued by the United States Department of State
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal.



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E-Verify and Private Employers
Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate, alcohol license or other document required to operate a
business] as referenced in O.C.G.A. §36-60-6(d), from The City of Lawrenceville the undersigned applicant
representing the private employer know as

_____ [printed name of private employer] verifies
one of the following with respect to my application for the above mentioned document:

1. Choose ONE of the following:

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed
more than ten (10) employees. If the employer selected (a) please fill out Section 2
below.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed
ten (10) or fewer employees.

2. The employer has registered with and utilizes the federal work authorization program in accordance
with the applicable provisions and deadlines established in O.C.G.A. § 36-30-6(a). The undersigned private
employer also attests that its federal work authorization user identification number and date of
authorization are as listed below:

Federal Work Authorization User ID Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully
makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a
violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer

Printed Name and Title

Subscribed and Sworn before me on this the
_____ Day of _____ of 20____.

Notary Public