

**CITY OF LESLIE
BUSINESS LICENSE APPLICATION**

BUSINESS INFO:

Business Name: _____ Phone: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

Total number of people working in business: Full-time _____ Part-time _____

Start Date of Business at above address: ____/____/____

State License # _____ Expiration Date: ____/____/____

Federal Employer ID (FEI#) _____ GA Sales Tax # _____

Business Type / NAICS CODE (be specific as to what you will be doing):

OWNER INFO:

Owner's Name OR Officer of Corp/Title: _____

Contact # _____ Cell # _____

Additional Partner Name (if applicable): _____

Partner Address/Phone: _____

TYPE OF OWNERSHIP:

Sole Proprietor Partnership Corporation LLC

If Corporation or LLC, list the exact, complete name as it is registered with the Georgia Secretary of State's Office: _____

Corporate Address: _____

APPLICANT'S MUST PROVIDE A PHOTO ID ON ALL OWNERS AND/OR PRESIDENT OF THE CORPORATION, GREEN CARD (IF APPLICABLE), AND ANY OTHER REQUIRED DOCUMENTATION. THESE ITEMS MUST BE SUBMITTED BEFORE ANY LICENSE CAN BE ISSUED.

****ATTACH COMPLETED AFFIDAVIT VERIFYING LEGAL STATUS**