



# CITY OF ELLAVILLE

55 WILSON STREET, P O BOX 839, ELLAVILLE, GA 31806

## BUSINESS LICENSE APPLICATION

This is an application only, and not a license to conduct business.  
You must obtain a business license prior to conducting business.  
All licenses expire December 31<sup>st</sup>.

Business License: NEW  RENEWAL  Application Date: \_\_\_\_\_

Indicate ownership status: Individual  Partnership  Corporation  Non-profit

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Notification: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number of Employees at this location: \_\_\_\_\_

Detailed Description of Business, Services Rendered or Products Sold:

\_\_\_\_\_  
\_\_\_\_\_

**IS YOUR BUSINESS:**

Commercial/Retail? (C)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Industrial? (I)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Home Occupation? (H)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
**Builder/Contractor? (B)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*\* IF YES, A COPY OF YOUR CONTRACTORS LICENSE MUST ACCOMPANY THIS FORM.

**ARE YOU PRESENTLY DOING ANY:** (Bldg. permits MUST be obtained prior to start of construction)

Construction or remodeling:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Change of Signage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Installation of Commercial Storage Racks:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is business use different than previous use of space?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you use/ store/ discharge flammable, hazardous, or bio-hazardous material?  No  Yes

What types of hazardous materials and/or waste are used, stored, handled, processed, or generated by your business? For purposes of reporting, hazardous materials are defined as any products within your facility that require a MSDS sheet under OSHA/Worker Right to Know:

\_\_\_\_\_  
\_\_\_\_\_

What quantity of the above substance(s) are stored at any given time? \_\_\_\_\_ (In pounds.)

I CERTIFY THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. I UNDERSTAND THAT ANY UNTRUE STATEMENT IS CAUSE FOR DENIAL OR REVOCATION OF MY BUSINESS LICENSE.

Signature \_\_\_\_\_ Title/Office \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_