



TOWN OF THUNDERBOLT
 2821 River Drive Fax: 912-354-2038
 Application for Business Registration
Renewal for Year _____

Provide E-VERIFY Number _____ or Check "YES" () for EXEMPT

Name/Title of Business _____

Business Type (i.e. restaurant, convenient store, salon, etc.) _____

Street Address of Business _____

Business Phone _____

Name of Principal/Owner _____

Home Address of Owner _____

Applicant's Phone _____

Applicant's Social Security Number or _____ Date of Birth _____
 Federal Tax Identification Number _____

Has the Principal/Owner or anyone connected with this business been cited or charges with any violations of the State, Federal, or Local laws, or ordinances, rules, regulations, policies or procedures within the past 12 months YES
 NO (If Yes Explain Below)

If this is a corporation or partnership, list the names and addresses of partners below.

Georgia State Sales Tax Number _____

Number of Employees (full time) _____ (part time) _____

PLEASE BE ADVISED: Certain categories of Business Applications must be or may have to appear before the Thunderbolt Zoning Board and/or Mayor and Council for approval. In addition, a certificate of approval must be provided from the Georgia Department of Public Health/Environmental Health for any business involving food service, food processing, bakeries, confectionaries, and fruit/vegetables/meats whether mobile or stationary. (Health Department # 912-356-2160)

Undersigned applicant certifies that the aforementioned statements and information provided herewith are true, correct, and complete to the best of their knowledge.

Applicant's Signature _____ **Date** _____