



**TOWN OF THUNDERBOLT**  
 2821 River Drive Fax: 912-354-2038  
 Application for Business Registration  
**New for Year \_\_\_\_\_**

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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)

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

\_\_\_\_\_

\_\_\_\_\_

Georgia State Sales Tax Number \_\_\_\_\_

Number of Employees operating the business (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** \_\_\_\_\_