



**CITY OF WINDER  
BUSINESS REGISTRATION APPLICATION**

23 NORTH JACKSON STREET  
PO BOX 566  
WINDER, GEORGIA 30680  
770-867-3510

Date: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Describe Business in Detail: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Mailing Address (if different from above): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Federal Tax #: \_\_\_\_\_ Contractor State #: \_\_\_\_\_

Sales Tax #: \_\_\_\_\_ (COPY OF CERTIFICATE REQUIRED)

I understand as the applicant that I must contact the following people/agencies:

- Internal Revenue Service/Fed ID
- Georgia Department of Revenue/Georgia Sales Tax Number
- Barrow County Health Department/Department of Agriculture
- City of Winder Fire Department/Captain Jeff Carlyle

Is this a new business?  Yes  No I am purchasing this business from (owner's name): \_\_\_\_\_

Name of Previous Business (if different): \_\_\_\_\_ Previous License #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Georgia DL#: \_\_\_\_\_

(Card Must Be Verified)

(Copy of license required)

Manager/Operator (if different than above)

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Georgia DL#: \_\_\_\_\_

(Card Must be Verified)

(Copy of license required)

Do you own or rent the property where your business will be located? Own Rent

(If you rent, please fill out the following information completely.)

Owner of Building: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

\*\*I certify that the above information is correct and true to the best of my knowledge, and further understand that the above information will be checked by the City of Winder. I authorize the City of Winder to check my driving and criminal records file. I further certify that the business being registered herein is not considered adult amusement, adult entertainment, or a sexually oriented business as defined in Chapter 3.5 of the City of Winder Code of Ordinances. I understand that any false statements may result in rejection of my application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR USE BY THE CITY OF WINDER**

Zoning of Business Address: \_\_\_\_\_

Is Zoning Compatible with Proposed Business: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police Approved/Denied \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Environmental Protection Services Approved/Denied \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Planning Director Approved/Denied \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
City Administrator Approved/Denied \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Fire Department Approved/Denied \_\_\_\_\_ Date \_\_\_\_\_