



LAGRANGE
GEORGIA
CITY OF LAGRANGE, GEORGIA

REGULATORY BUSINESS LICENSE APPLICATION (OTHER)

Business Type: Poolroom () Pawnshop () Transient () Sidewalk Cafe()

Business Name: Address:

Mailing Address: Telephone:

Owner Name
() Sole Proprietor () Partnership () Corporation

NOTE: If business is a partnership or corporation, list all partners or corporate officers and addresses.

If Transient- list Products to be sold:

Beginning date /Ending Date

Manager Name:

The following information shall be provided on the owner or manager whose name will appear on the license as the applicant:

() Owner () Manager

Home Address: Home Telephone:

City & State: Date of Birth:

The undersigned, Applicant(s), do each solemnly swear, subject to criminal penalties for false swearing, that the statements, and answers in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

Signature of Applicant: Date:

CITY OF LAGRANGE USE ONLY

Tax Max Description: Zoning:

Arrests of Convictions: () Yes (see attached) () No

Distance Requirements Met: () Yes () No () Not Applicable

CITY MANAGER: () Approved () Disapproved

ATTEST: Date:

Clerk-Treasurer



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Consent Form

(Must accompany all regulatory license request)

I _____ hereby authorize the **City of LaGrange** to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia.

Full Printed Name of Applicant

Address

City, State, Zip

The following information is required in order to obtain a criminal history. The City of LaGrange does not discriminate regarding age, gender, or ethnic background.

Sex

Ethnicity

Date of Birth

Social Security Number

Signature of Applicant

Notary Signature

Date

(Seal)