

APPLICATION FOR BUSINESS LICENSE

CITY OF WALESKA, GEORGIA

NAME OF BUSINESS _____

PHONE NUMBER OF BUSINESS _____

STREET ADDRESS _____

MAILING ADDRESS _____

NAME OF PRINCIPAL OPERATOR OF BUSINESS _____

Phone Number (in case of emergency) _____

NAME OF OWNER/S OF BUSINESS _____

ADDRESS _____

NAMES OF PRINCIPAL EXECUTIVE OFFICERS (or if partnership, please list names, titles, home address, and phone numbers of partners and/or officers)

TYPE OF BUSINESS _____

APPROXIMATE HOURS AND DAYS OF OPERATION _____

OWNER'S SIGNATURE

DATE

SPECIAL NOTE: IF THIS BUSINESS IS IN ANY WAY A FOOD SERVICE BUSINESS, THE CHEROKEE COUNTY HEALTH DEPARTMENT **MUST** ISSUE A **CURRENT FOOD SERVICE PERMIT** PRIOR TO THE CITY OF WALESKA ISSUING A BUSINESS LICENSE.

Signature of Health Department Official

Title

Date