



## Non-Profit Business Registration Application

<b>Business or Organization Name &amp; Contact Information:</b>				<b>Control Number:</b> <small>(Assigned by the City)</small>				
Business or Organization Name/DBA								
Physical Location Address			Suite/Unit	City		State	Zip	
Office Telephone		Email			Fax			
Mailing Address			Suite/Unit	City		State	Zip	
<b>Corporate Information</b>								
Corporate Name								
Corporate Address				Suite/Unit	City		State	Zip Code
Contact Name				Phone Number				
<b>Additional Requested Information</b>								
Federal ID (FEIN)				Date Organization Commenced Operations				
Give a description of the primary activity				Is this business required by the State of Georgia to have a state license? <input type="checkbox"/> Yes or <input type="checkbox"/> No <p style="text-align: right;"><b><i>If yes, please submit a copy of your state license.</i></b></p>				

**APPLICANT CHECK LIST:** *(For Applicant to Check as Each Item is Completed and Attached to Application)*

- Completed application with all business, contact and additional requested information.
- Copy of 501c letter from the IRS.

\_\_\_\_\_  
 Printed Name of Applicant

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**STAFF USE:** REVENUE: Initials: \_\_\_\_\_ Date Entered in Database: \_\_\_\_\_

ZONING: Property Zoned: \_\_\_\_\_ Use allowed in zoning district? \_\_\_\_\_ Yes or \_\_\_\_\_ No Reviewed by: \_\_\_\_\_