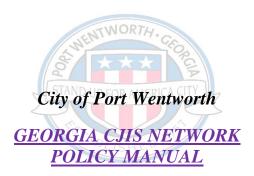
DATE:_	
YEAR OF:_	

A) GENERAL INFORMATION:

Business Name (as registered with th	e Clerk of the Superior Court in Chatham County)	Type of Business
Business Location		Business Phone #
Distance from nearest school or chur	ch (please indicate distance in miles or feet)	Zoning District
Mailing Address		
Name of Applicant	Title	Birth Date
Applicant's Address		
Applicant's Phone #		Applicant's Social Security #
Business Owner's Name (if different	from Applicant)	Business Owner's Phone #
Business Owner's Address		
B) BRIEF PERSONAL HIST Please provide a brief personal hist residence (feel free to attach addition	tory (i.e. education, previous employments, owned bu	nsinesses and the 5 most recent place of
C) CRIMINAL BACKGROU	JND (background check is required):	
Has the applicant ever been convic	ted of any crime, violation of law or served time in p	rison? \square Yes \square No
If you answered yes to the above qu	uestion please explain:	

D) FINANCIAL INTERESTS:

	Address	%Ownership
Describe the interest owned or held by t	he applicant in the premises:	
D) BUSINESS DETAILS:		
Are you the \Box Owner or \Box Tenant of t	his business location? If tenant, please prov	ide landlord information.
Landlord name		Landlord Ph#
Landlord Address		-
What other kinds of business will be cor	nducted at this location?	
Will the applicant operate business in po	erson? Yes No If not, please lis	t the name of the manager.
Manager's Name		Manager's Ph#
In whose name will the income taxes be	due on profits arising from the operation of	f said business?
E) REFERENCES:		
Please list 3 citizens of Port Wentworth	as references:	
	Address	Phone#
Name		
Name		
All of the foregoing information is willfully, knowingly, and absolutel	s hereby given and all of the following ly, and the same is and are hereby swo	
All of the foregoing information is	ly, and the same is and are hereby swo	



CONSENT FORM

I he	reby authorize the	e City of Port V	Wentworth to	receive any	criminal	history	record i	nformation	pertaining	to me	which
may	be in files of any	y state or local	justice agency	in Georgia	ι.						

			Full Name (olease print)
				Address
Sex	Race	Date of Birth	Social Security #	
				Signature
Sworn to and subscribed before me				
This, 20				
Notary Public	_			