



CITY OF DONALSONVILLE



1934
Charter Member

BUSINESS REGISTRATION

Name of Business _____ FED ID# _____

Address _____ Number of Employees _____

City _____ State _____ Zip _____

E- Mail _____ Phone # _____ Cell # _____

Name of Owner _____ DOB _____ SS # _____

Physical Address _____ Phone # _____

City _____ State _____ Zip _____

Other Owner(s) or Investors _____

Address _____ SS # _____ Phone# _____

City _____ State _____ Zip _____

Type of Business (Complete Description) _____

Has anyone listed above ever been convicted of a felony? Yes No

If yes, give full details (Use extra pages if needed) _____

Do anyone listed above owe outstanding taxes, utility payments, or other funds to the City of Donalsonville? Yes

No Amount Due\$ _____ If Yes (Give Details) _____

I, the undersigned applicant for a business license in the City of Donalsonville, do hereby declare that the information given above is true and correct to the best of my knowledge. I further authorize the City of Donalsonville to perform a complete background investigation on the named individuals given herein through police, credit reporting, and/ or other records, and to disclose any such information discovered to the mayor and council or others having need of this information in order to make a decision related to the issuance of a license for a business.

Print Name: _____

Signed: _____

Date: _____