

**BUSINESS LICENSE APPLICATION**  
**Heard County**

**DATE:** \_\_\_\_\_

**TYPE OF LICENSE**

- NEW LICENSE
- RENEWAL

# \_\_\_\_\_ (Previous license number)

**BUSINESS OWNERS NAME:** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

(Street)

\_\_\_\_\_, \_\_\_\_\_

(City)

(State)

(Zip)

**PHONE NUMBER:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

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**BUSINESS NAME:** \_\_\_\_\_

**IS THE BUSINESS OPERATED IN THE HOME OF THE ABOVE ADDRESS?:** \_\_\_\_\_

**IF NOT, BUSINESS ADDRESS:** \_\_\_\_\_

(Street)

\_\_\_\_\_, \_\_\_\_\_

(City)

(State)

(Zip)

**PHONE NUMBER:** \_\_\_\_\_

**DESCRIBE THE TYPE OF BUSINESS:** \_\_\_\_\_

**STATE LICENSE NUMBERS:**

Electrical #: \_\_\_\_\_

Mechanical #: \_\_\_\_\_

Plumbing #: \_\_\_\_\_

Other # \_\_\_\_\_

Dealer #: \_\_\_\_\_

**IF BUSINESS INVOLVES VEHICLES (wrecker, taxi, logging), THE FOLLOWING INFORMATION IS REQUIRED.**

# of operating vehicle(s): \_\_\_\_\_

Insurance Company name: \_\_\_\_\_

Insurance Policy Number(s): \_\_\_\_\_

**BY SIGNING THIS FORM, YOU AGREE THAT ALL THE ABOVE INFORMATION YOU HAVE PROVIDED IS TRUE AND CORRECT.**

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