BUSINESS LICENSE APPLICATION HEARD COUNTY 2025

DATE:			
TYPE OF LICENSE:	NUMBER OF EMPLOYEES:		
 Commercial Home Occupation New License Renewal 	0	1 Employee: 2-5 Employees: 6+ Employees:	\$125.00
NAME OF BUSINESS:		P	revious License Number
BUSINESS OWNERS NAME:			•
PHYSICAL ADDRESS:			
MAILING ADDRESS:			
BUSINESS PHONE NUMBER:			
CELL NUMBER (Optional):			
FAX NUMBER:			
EMAIL ADDRESS:			
DESCRIPTION OF BUSINESS:			

STATE LICENSE NUMBERS (IF APPLICABLE) **Dealer:**____ Electrical: Mechanical: Cosmetology: ____ Plumbing: Other: IF YOUR BUSINESS REQUIRES TRANSPORTING OTHER'S PERSONAL PROPERTY, AND/OR INCLUDES TAXI SERVICE, WRECKER SERVICE, LOGGING SERVICE), THE FOLLOWING **INFORMATION IS REQUIRED:** Number of Operating Vehicle(s): **Business Vehicle Insurance Company: Business Insurance Policy Number(s):** BY SIGNING THIS FORM, YOU AGREE THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT. YOU ALSO AGREE TO ABIDE BY ALL COUNTY LICENSE AND ZONING REGULATIONS AS SET FORTH IN CURRENT ADOPTED ORDINANCES. Signature of Applicant **PROPERTY INFORMATION:** ARE YOU THE OWNER OF PROPERTY BUSINESS IS LOCATED? o YES o NO IF YES, APPROVAL IS NEEDED FROM THE Heard County Tax Commissioner Office THAT PROPERTY TAX ON ABOVE ADDRESS IS CURRENTLY PAID. **Output** YES, Property Taxes are current. **Heard County Tax Commissioner**