



**CITY OF RINCON**  
 302 Columbia Avenue • P.O. Box 232 • Rincon, GA 31326  
 Telephone: (912) 826-5745 • Fax: (912) 826-2083

**BUSINESS LICENSE APPLICATION**

• Please print or type •

Legal Business Name: \_\_\_\_\_  
 Business Name - DBA: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Physical Location: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 State License Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Describe Business Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Office Use ONLY	
License Fee Amt.	\$ _____
Admin. Fee	\$ _____
10% Penalty (if late)	\$ _____
Interest Amt. (if late)	\$ _____
Total Fee Paid	\$ _____
Application Type	
<input type="checkbox"/> New Application	
<input type="checkbox"/> Change of Information	
<input type="checkbox"/> Renewal	
<input type="checkbox"/> Temporary Licensure:	
Expires:	_____
License Type	
<input type="checkbox"/> Resident Business	
<input type="checkbox"/> Home Occupation	
<input type="checkbox"/> Commercial	
<input type="checkbox"/> Non-profit	

BUSINESS OWNER INFORMATION		OTHER INFORMATION	
Business Owner Name:	_____	SQUARE FOOTAGE OF BUSINESS	_____
Mailing Address:	_____	NUMBER OF EMPLOYEES INCLUDING OWNER	_____
City, State, Zip:	_____	NUMBER of COIN OPERATED MACHINES	_____
Email Address:	_____	NUMBER of RENTAL UNITS (apt., storage, etc.)	_____
RESTRICTIONS		HEALTH APPLICATION & GREASE TRAP CERTIFICATION (For Restaurants Only) - COPY MUST BE ATTACHED	
_____		_____	
_____		_____	

Will any commercial vehicles be used for this business? Yes  No  If yes, please describe (*size, type, location of storage*) \_\_\_\_\_

Please attach a list of the quantities, types and storage location of any chemicals or hazardous materials that will be used for this business. \_\_\_\_\_

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION**

As applicant, I \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct. All information given is subject to verification with the City of Rincon.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_