



CITY OF VIENNA
BUSINESS REGISTRATION APPLICATION
P. O. Box 436 Vienna, Georgia 31092 (229) 268-4744

Date: _____

Business Name: _____

Type of Business: _____

Describe Business in Detail: _____

Business Address: _____

Business Mailing Address (if different from above): _____

Business Phone #: _____ # of Employees: _____

Federal Tax #: _____ Contractor State #: _____

Sales Tax #: _____ (COPY OF CERTIFICATE REQUIRED)

S.A.V.E #: _____

Owner Name: _____ Home Phone #: _____

Owner Address: _____

Cell Phone #: _____ E-mail Address: _____ E-Verify #: _____

Date of Birth: _____ SS #: _____ Georgia DL #: _____

(Card must be verified)

(Copy of license required)

Manager/Operator (if different than above)

Name: _____ Home Phone #: _____

Home Address: _____ Web Address: _____

Cell Phone #: _____ E-mail Address: _____ Web Address: _____

Date of Birth: _____ SS #: _____ Georgia DL #: _____

(Card must be verified)

(Copy of license required)

Do you own or rent the property where your business will be located? OWN RENT

(If you rent, please fill out the following information completely.)

Owner of Building: _____ Home Phone #: _____

Owner Address: _____ Business Phone #: _____

Other Phone #: _____

** I certify that the information is correct and true to the best of my knowledge and further understand that the above information will be checked by the City of Vienna. I authorize the City of Vienna to check my driving and criminal records file. I further certify that the business being registered herein is not considered adult amusement, adult entertainment, or a sexually oriented business as defined in Chapter 6.137 of the City of Vienna Code of Ordinances. I understand that any false statements may result in rejection of my application.

Signature: _____ Date: _____

For Administrative Use Only

Zoning of Business Address: _____ Is Zoning Compatible with Proposed Business: _____

Chief of Police Approved/ Denied Date

Planning Director Approved/ Denied Date

City Administrator Approved/ Denied Date

Fire Department Approved/ Denied Date