

Date Received

By



# TOWN OF THUNDERBOLT

Application for Business Registration – FILL OUT COMPLETELY.

New       Renewal      (for 2009 year)

Name/Title of Business \_\_\_\_\_

Business Type (i.e. restaurant, convenient store, salon, etc.) \_\_\_\_\_

Street Address of Business \_\_\_\_\_

Business Phone \_\_\_\_\_

Name of Principal/Owner \_\_\_\_\_

Home Address of Owner \_\_\_\_\_

Applicant's Phone \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Has the Principal/Owner or anyone connected with this business been cited or charges with any violations of the State, Federal, or Local laws, or ordinances, rules, regulations, policies or procedures within the past 12 months     YES  
 NO (If Yes Explain Below)

If this is a corporation or partnership, list the names and addresses of partners below.

\_\_\_\_\_  
\_\_\_\_\_

Date Business is to "Open" \_\_\_\_\_

Georgia State Sales Tax Number \_\_\_\_\_

Is the business moving into an existing building/facility?     YES       NO

Will any type of construction or remodeling be necessary to set-up for business?     YES       NO  
(If yes, please complete a THUNDERBOLT BUILDING PERMIT APPLICATION)

Will any changes in electrical, mechanical, structural, or plumbing installation be made?  YES     NO

Number of Employees operating the business (include full and part-time) \_\_\_\_\_

**PLEASE BE ADVISED: Certain categories of Business Applications must be or may have to appear before the Thunderbolt Zoning Board and/or Mayor and Council for approval.** In addition, a certificate of approval must be provided from the Georgia Department of Public Health/Environmental Health for any business involving food service, food processing, bakeries, confectionaries, and fruit/vegetables/meats whether mobile or stationary. (Health Department # 912-356-2160)

(OVER PLEASE)

**COMPLETE THIS SECTION IF OPERATING A PERSONAL CARE HOME FACILITY:**

1. Check the type of Personal Care Home:  
 Family Personal Care Home – home for elderly or handicapped adults, licensed and inspected, regulated by the State of Georgia limited to six(6) persons unless a Zoning Variance is requested.  
  
 Family Personal Care Home (for Mentally Retarded Persons) – a home for mentally retarded adults, licensed and inspected, regulated by the State of Georgia, residents participate in day training or educational programs and are employed outside the Home when not under the care of the supervisor. Care is limited to six (6) persons unless a Zoning Variance is requested.  
  
 Personal Care Home – Other – For conditions other than allowed in a Family Personal Care Home or Family Personal Care Home Mentally.
2. Thunderbolt Zoning Classification of business location \_\_\_\_\_ (See Zoning Administrator for clarity)
3. Number of Occupants \_\_\_\_\_.
4. Are the occupants considered  AMBULATORY  NON-AMBULATORY
5. Date of last fire inspection \_\_\_\_\_. (Note: These facilities must have a fire inspection semi annually on file.)
6. Is the business location in a rented space or does the applicant own the property?  
\_\_\_\_\_
7. If renting, please list the Owner’s name, address, and phone number:  
\_\_\_\_\_  
\_\_\_\_\_

A STATEMENT OF KNOWLEDGEMENT OF USE FROM THE PROPERTY OWNER  
MUST BE ACCOMPANIED AND PLACED ON FILE WITH THE TOWN OF  
THUNDERBOLT

Please list the adjacent property owners and addresses. Neighboring property owners must be notified of applicant’s desire to place this type of business in this location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The Undersigned applicant certifies that the aforementioned statements and information provided herewith are true, correct, and complete to the best of their knowledge.*

**Applicant’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>FOR TOWN OF THUNDERBOLT USE ONLY</b>	
Approval Signature _____	Date _____
Disapproval Signature _____	Date _____
Business License Fee _____	Date Paid _____