



CITY OF ELLIJAY BUSINESS LICENSE APPLICATION

Tax Collector's Office ∞ 197 North Main Street ∞ Ellijay GA 30540
(706) 635-4711 X3 ∞ cityclerk@ellijay.com

New Business 🍏 Change of Ownership 🍏 Business Relocation 🍏 Business Name Change 🍏

Note: Copies of ALL licenses are required to be submitted with this application E-Verify # _____

Name of Business DBA-Doing Business As

Business Location (No P.O. Box)

Business Mailing Address

Business Phone Cell Phone Website Address Email Address

Owner/Manager Name Owner/Manager Contact Phone Owner/Manager Home Address (No P.O. Box)

Nature of Business Drivers License No.

Federal ID or Social Security No. GA Sales Tax ID No. Professional License No. (if applicable)

- 🍏 Corporation 🍏 Partnership 🍏 Sole Proprietor 🍏 Limited Liability Company 🍏 Trust

Have you had a business license in the City of Ellijay before? _____ If yes, business name _____

Number of Employees _____ (occupational tax amount is based on this number. Failure to provide truthful and accurate information shall be subject to fine and/or imprisonment as defined in City Charter)

Number of Employees	Fee	Number of Employees	Fee
0 - 4	\$ 100.00	101 - 200	\$1,500.00
5 - 10	\$ 150.00	201 - 300	\$3,000.00
11 - 30	\$ 250.00	Over 300	\$3,000.00 plus \$10.00 for each additional full-time employee
31 - 50	\$ 500.00		
51 - 100	\$ 750.00		

Under penalty of perjury, I declare I am authorized to make this application and that to the best of my knowledge and belief it is a true, correct and complete statement made in good faith for the period stated, in compliance with the provisions of the Ellijay Business License Ordinance. I also understand that my license will expire on December 31st each year and I will be in violation of City Ordinance and subject to the penalties provided should I allow my license to lapse. I further understand that it is MY responsibility to notify the City of Ellijay IN WRITING upon closure of my business and that failure to do so will make me responsible for any and all taxes associated with this business.

Signature/Title _____ Date: _____

Approval (Code Enforcement Officer) _____ Approval City Clerk _____