CONTACT INFORMATION:

Name of organization:
Physical address:
Phone number: Email address:

Name of contact person:
Mailing address:
Phone number: Email address:

ORGANIZATION INFORMATION:
Date established at current location:
Description of services or activity offered (please be specific):

APPLICANT:
Name of applicant: Title:
Signature: Date:

SUBMIT:
☐ $10 fee (exact cash, check or credit card) ☐ Incorporation with GA Secretary of State
☐ Proof of identity ☐ 501(c) designation by IRS

Department of Planning and Development contact information:
In person: 958 Milstead Avenue, Conyers, GA 30012  ◦  Monday through Friday, 8:00am to 5:00pm
Mail: P.O. Box 289, Conyers, GA 30012 Phone: 770 278-7100
Email: businesslicense@rockdalecountyga.gov Fax: 770 278-8940