



TOWN OF GILLSVILLE  
POST OFFICE BOX 25  
GILLSVILLE, GEORGIA 30543

Application for ( ) New Business ( ) Renewal

*ALL information requested below is required.*

Tax \$ 40.00 – Fee must accompany the application.

After March 31, 2025, a 10% late fee will apply.

Name of Business \_\_\_\_\_

Physical Address \_\_\_\_\_

City State Zip

Mailing Address \_\_\_\_\_

City State Zip

Phone Numbers \_\_\_\_\_

Business Cell

Email Address \_\_\_\_\_

Owner (s) Name \_\_\_\_\_

Owner's Billing Address *(If different from above)* \_\_\_\_\_

Owner's Phone Number *(If different from above)* \_\_\_\_\_

Federal Tax I.D. or Social Security #: \_\_\_\_\_

GA Sales Tax ID # (Retailers or Resellers) \_\_\_\_\_ Business Type

Number of Employees: \_\_\_\_\_

PLEASE UPDATE ANY INFORMATION THAT WAS NOT LISTED OR MAY HAVE CHANGED SINCE PREVIOUS YEARS' APPLICATION:

\_\_\_\_\_

Signature \_\_\_\_\_ Date

If you are required by the State to hold a professional license, attach a copy of license to application