

STATE OF GEORGIA

COUNTY OF FAYETTE

**APPLICATON TO REGISTER A BUSINESS TO BE CONDUCTED
UNDER TRADE NAME, PARTNERSHIP OR OTHERS**

The undersigned does hereby certify that _____
conducting a business as _____
in the City of _____ **County of Fayette** in the State of Georgia,
under the name of _____
and that the nature of the business is _____

and that the names and addresses (including zip codes) of the persons, firms or
partnership owning and carrying on said trade or business are:

Signature

Title

Subscribed and sworn to before me
This _____ day of _____, 20__.

Notary Public
Expiration date:

Note: The Act requires that this notice be published once a week for two weeks in the paper in which the Sheriff's advertisements are printed. This paper is the Fayette Daily News. Also, upon change of ownership, a new and amended registration be filed (Ga. Laws 1981, p 872)