

APPLICATION TO REGISTER BUSINESS UNDER A TRADE NAME

STATE OF GEORGIA, COUNTY OF FAYETTE

The undersigned hereby certifies that (they are) (it is) (he is) (she is) conducting a business in the City of \_\_\_\_\_, County of FAYETTE, at

Physical Address:

City: State: Zip Code:

in the State of Georgia, under the name: (Insert Trade Name Below)

and the nature of the business is:

Brief Description of Business

and that said business is composed of the following: (Check one )

Person Corporation/LLC Partnership

Full Name/Title: (Of Person or Corp/LLC)

Address: (Required: Complete Physical Address with City, State and Zip Code)

- 1. 1.Address: City: State: Zip:
2. 2.Address: City: State: Zip:
3. 3.Address: City: State: Zip:
4. 4.Address: City: State: Zip:

This affidavit is made in compliance with GA Code Annotated, Title 10, Chapter 1, Section 490.

Applicant/Owner Signature

Applicant/Owner Name (Printed)

Sworn and subscribed before me,

Applicant Phone Number:

this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

Applicant E-Mail:

Note: To Avoid Rejection of Application, Complete All Required Fields.

Notary Public State of Georgia

My Commission Expires: \_\_\_\_\_