



ZONING VERIFICATION REQUEST FORM FOR BUSINESS LICENSE

*For information call
678-449-3054*

APPLICANT INFORMATION:

Applicant Name _____

Mailing Address _____ Suite/Apt. # _____ City, State _____ Zip Code _____

Primary Phone # _____ E-mail _____

BUSINESS LICENSE ADDRESS INFORMATION:

Address needing verification or Land Lot and District _____

Name of Business (If Applicable) _____

THIS IS:

- Change of Use
- Adding a Use
- Change of Owner
- New Business
- Change of Location
- Name Change

HOME-BASED OCCUPATION:

- YES
- NO

INTERIOR RENOVATIONS:

- YES
- NO

DETAILED DESCRIPTION OF PROPOSED USE:

I, the applicant, understand that I am required to conform to all applicable requirements of the Code of Ordinances for the City of Douglasville and all other applicable laws and ordinances that may apply to the above proposed use description. Failure to do so may be grounds to revoke any future permits that may be issued for this address.

Signature of Applicant _____ Date _____

Office Use Only	
ZONING: _____	
PERMITTED USE:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL INFORMATION _____	

STAFF SIGNATURE: _____	DATE: _____

❖ Please bring this short form with staff approval to the Finance Department to obtain your business license