

LICENSE NO: _____

TROUP COUNTY BUSINESS LICENSE APPLICATION

100 RIDLEY AVENUE
LAGRANGE, GA 30240
706-883-1650
FAX: 706-883-1653

DATE: _____

NAME OF BUSINESS: _____

LOCATION OF BUSINESS: _____

TYPE OF BUSINESS: _____

APPLICANT: _____

MAILING ADDRESS OF APPLICANT: _____

MAILING ADDRESS OF BUSINESS: _____

HOME PHONE NO: _____

BUSINESS TELEPHONE NO: _____

CELL PHONE NO: _____

E-MAIL ADDRESS: _____

APPLICATION HEREBY MADE FOR A TROUP COUNTY BUSINESS LICENSE FOR THE YEAR OF _____
I ENCLOSE (CASH) _____ OR (CHECK) _____ IN THE AMOUNT OF \$ _____
TO COVER THE SAME.

SIGNATURE OF APPLICANT: _____

NOTE:

GENERAL CONTRACTOR NO: _____

ELECTRICAL CONTRACTOR NO: _____

PLUMBING CONTRACTOR NO: _____

MECHANICAL CONTRACTOR NO: _____