



# CITY OF NORCROSS BUSINESS REGISTRATION AND CHANGE OF OCCUPANCY APPLICATION

65 Lawrenceville Street, Norcross, Georgia 30071 Phone: 678-421-2027 Fax: 770-242-0824

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Doing Business As Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_ Zoning: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Expected Opening Date: \_\_\_\_\_ Is this a business renewal?  Yes  No

This business  is located in a standalone suite/building or  is sharing tenant space with an existing business.

This application is for one of the following:  New Application  Change of Ownership  Change of Address

Change of Business Name  Change of Business Activity

## BUSINESS DESCRIPTION

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Adult Entertainment  | <input type="checkbox"/> Art Gallery       | <input type="checkbox"/> Places of Worship        | <input type="checkbox"/> Event Halls               |
| <input type="checkbox"/> Recreation           | <input type="checkbox"/> Vehicle Repair    | <input type="checkbox"/> Vehicle Sales            | <input type="checkbox"/> Vehicle Rental            |
| <input type="checkbox"/> Vehicle Emissions    | <input type="checkbox"/> Vehicle Detailing | <input type="checkbox"/> Restaurants (W/Alcohol)  | <input type="checkbox"/> Restaurants (W/O Alcohol) |
| <input type="checkbox"/> Bed & Breakfast      | <input type="checkbox"/> Hotel             | <input type="checkbox"/> Restaurants (Drive Thru) | <input type="checkbox"/> Institutional Living      |
| <input type="checkbox"/> Warehousing          | <input type="checkbox"/> Wholesale         | <input type="checkbox"/> Mini-warehouse           | <input type="checkbox"/> Manufacturing (Light)     |
| <input type="checkbox"/> Heavy Equipment      | <input type="checkbox"/> Food Production   | <input type="checkbox"/> Landscape Contractor     | <input type="checkbox"/> Medical Office            |
| <input type="checkbox"/> Media/Broadcasting   | <input type="checkbox"/> Financial         | <input type="checkbox"/> Meeting Facility         | <input type="checkbox"/> Professional Office       |
| <input type="checkbox"/> Business Office      | <input type="checkbox"/> Funeral Home      | <input type="checkbox"/> Daycare (Adult/Child)    | <input type="checkbox"/> Massage                   |
| <input type="checkbox"/> Personal Services    | <input type="checkbox"/> Education         | <input type="checkbox"/> Tattoo/Body Piercing     | <input type="checkbox"/> Equipment Rental (Light)  |
| <input type="checkbox"/> Retail (<5,000 sqft) | <input type="checkbox"/> Pool Hall         | <input type="checkbox"/> Pet Care (w/Boarding)    | <input type="checkbox"/> Pet Care (w/o Boarding)   |
| <input type="checkbox"/> Fuel Sales           | <input type="checkbox"/> Building Supplies | <input type="checkbox"/> Garden Supply Center     | <input type="checkbox"/> Building Contractors      |
| <input type="checkbox"/> Show Room            | <input type="checkbox"/> Logistics         | <input type="checkbox"/> Bus Station              | <input type="checkbox"/> Bus Terminal              |
| <input type="checkbox"/> Taxi Service         | <input type="checkbox"/> Truck Terminal    | <input type="checkbox"/> Alcohol Distribution     | <input type="checkbox"/> Firearms                  |
| <input type="checkbox"/> Food/Grocery Stores  | <input type="checkbox"/> Precious Metals   | <input type="checkbox"/> Wholesale                | <input type="checkbox"/> Jewelry                   |
| <input type="checkbox"/> Other                |  |   |  |

Provide a complete description the economic activity for the proposed business location: \_\_\_\_\_

\_\_\_\_\_

Provide a copy of the following 1) Business Owner's Driver's License, 2) any State License or Registration Numbers

## BUSINESS OWNER INFORMATION

Ownership Type:  Sole Proprietor  Partnership  Limited Partnership  Corporation  LLC  Non-profit

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Partner/Owner or  Contact Person:

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_



# CITY OF NORCROSS BUSINESS REGISTRATION AND CHANGE OF OCCUPANCY APPLICATION

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**I. Will the proposed business activities include any of the following:**

- | Yes                          | No                       |   |
|------------------------------|--------------------------|---|
| 1. <input type="checkbox"/>  | <input type="checkbox"/> | Outdoor storage, outdoor work or outdoor display?   |
| 2. <input type="checkbox"/>  | <input type="checkbox"/> | Install outdoor storage containers or temporary buildings?  |
| 3. <input type="checkbox"/>  | <input type="checkbox"/> | Adult entertainment, the depiction, display or featuring of specified anatomical areas?   |
| 4. <input type="checkbox"/>  | <input type="checkbox"/> | Discharging waste other than domestic waste in the sewer?   |
| 5. <input type="checkbox"/>  | <input type="checkbox"/> | Discharging waste, waste water or rinse water to the ground, street or storm drain?   |
| 6. <input type="checkbox"/>  | <input type="checkbox"/> | The manipulation of human soft tissues?   |
| 7. <input type="checkbox"/>  | <input type="checkbox"/> | Bailment of personal property as security for any debt or engagement, redeemable upon certain terms and with the power of sale on default?                |
| 8. <input type="checkbox"/>  | <input type="checkbox"/> | The exchange of gold, silver, platinum, or alloys containing gold, silver, or platinum or the exchange of jewelry, gems or stones for any value of money? |
| 9. <input type="checkbox"/>  | <input type="checkbox"/> | Automotive repair, maintenance or installation of parts and tires?  |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | Automotive painting or body work?   |
| 11. <input type="checkbox"/> | <input type="checkbox"/> | Automotive parts sales, including tires?  |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | Automotive rental, sales or brokerage?  |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | Washing of any equipment or vehicles?   |
| 14. <input type="checkbox"/> | <input type="checkbox"/> | Selling and/or serving alcohol?   |
| 15. <input type="checkbox"/> | <input type="checkbox"/> | Food and/or beverage (alcohol and non-alcohol) service?   |
| 16. <input type="checkbox"/> | <input type="checkbox"/> | Arcade machines, pool tables or other amusement devices? If so, how many? _____   |
| 17. <input type="checkbox"/> | <input type="checkbox"/> | Dance floor?  |

**II. Does the building or tenant space for the proposed business require any of the following:**

- | Yes                         | No                       |  |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Installation of a grease trap; or is one already installed? (Food Service/Sales) |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Installation or changing of signage on the building or property ground sign?     |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Installation of window signage?  |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Any interior or exterior alterations or construction?                            |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | The installation, repair or replacement of equipment?                            |

**III. Has the proposed business completed the following:**

- |                             |                          |  |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Setup of sanitation service with the City of Norcross <b>(required for all businesses)</b> ? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Obtained a Food Service Permit from GC Environmental Health? (Food Service)                  |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Obtained a Food Sales Establishment Permit from State Agriculture? (Food Sales)              |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Obtained approval from GC Water & Sewer?   |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Obtained approval from the GC Fire Marshal's Office?   |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Established active utilities (electric, water & gas)?  |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Does the tenant space provide drinking water?  |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Does the tenant space provide warm water?  |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Does the tenant space provide heating?   |

**IV. For the proposed business tenant space provide square footage for the following areas:**

- |                             |                          |  |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Total building or tenant space area: _____   |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Office area: _____   |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Retail area: _____   |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Warehouse, storage and/or assembly/manufacturing area: _____                                 |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | How many seats will be provided (applies only to food service & assembly occupancies)? _____ |

**BUSINESS OWNER'S SIGNATURE**

Signature

Date



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## NEW CITY OF NORCROSS BUSINESS INFORMATION

This package contains the following information:

- Business License Application
- Commercial Utility Service (**Must use City's current sanitation provider**)
- Sign Ordinance
- Sign Permit Application

Please review each item carefully.

### Acknowledgement Statement

I have received this package of information from the City of Norcross.

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Name

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Date