

PASOS PARA ABRIR UN NEGOCIO



Para preguntas por favor contactar al
Departamento de Desarrollo Comunitario al
678-421-2027

LEA LOS SIGUIENTES PASOS PARA SOLICITAR UNA LICENCIA DE NEGOCIO	
PASO 1	Confirme que la dirección se encuentre dentro del límite de la ciudad de Norcross utilizando GIS CITY MAP y confirme que la zona sea la correcta para usos comerciales llamando al 678-421- 2027
PASO 2	Cree una cuenta en nuestro portal en línea E Plan Solutions y cree un nuevo proyecto llamado "Change of Occupancy." Pague una tarifa de \$ 75 (tarifa de inspección del edificio)
PASO 3	<p>A. Complete los siguientes formularios: (Subir documentos en el portal en línea junto con la documentación adicional requerida bajo la área indicada "submittals")</p> <ul style="list-style-type: none"> ○ Aplicación de Change of Occupancy and Business Registration ○ S.A.V.E. Private Employer Affidavit ○ Formato de Business Occupation Tax Return ○ Home Based Business Declaration Form (para negocios basados en su casa) ○ Business Watch Registration Form <p>B. Documentos Adicionales</p> <ul style="list-style-type: none"> ○ Copia de identificación emitida por el gobierno ○ Copia del contrato de arrendamiento o prueba del título de la propiedad ○ Aprobación de agencias externas si corresponde (Gwinnet County Water & Sewer, Gwinnet County Environmental Health, Georgia Department of Agriculture, Georgia Secretary of State) ○ Copia de Fire Marshall Certificate of Occupancy <p>C. Proporcione la siguiente información según corresponda</p> <ul style="list-style-type: none"> ○ Copia de los artículos de la corporación, incluido los funcionarios (si es una corporación) ○ Copia del Certificado de Impuestos Federales
PASO 4	<p>Confirme el estado de la válvula de prevención de reflujo.</p> <ul style="list-style-type: none"> ○ Envíe un correo electrónico a dwrbackflow@gwinnettcountry.com ○ El correo electrónico debe incluir la siguiente pregunta: "¿Cuál es el estado actual de la válvula de prevención de reflujo?" ○ Reenvíe su respuesta a permits@norcrossga.net y se completará este requisito.
PASO 5	<p>Programar Inspecciones:</p> <ul style="list-style-type: none"> ○ Programar la inspección de Gwinnett County Fire Marshall en nuestro online portal o por teléfono 678-518-6000 y enviar copia de Fire Marshall Certificate of Occupancy al Desarrollo Comunitario de la Ciudad de Norcross (Requerido antes de programar la Inspección de Edificios de la Ciudad) ○ Programe la inspección de edificios de la ciudad llamando al 678-421-2066. SE REQUIEREN UTILIDADES ACTIVAS PARA LA INSPECCIÓN DEL EDIFICIO. Se requiere un permiso de activación de servicios públicos por separado si los servicios públicos no han estado activos en los últimos 6 meses
PASO 6	Pagar la tarifa de licencia comercial a GGA. La licencia comercial se emitirá dentro de 1-2 días
PASO 7	Realizar acometidas de Sanidad y electricidad contactando con el Gobierno General - Departamento de Administración (GGA) al 770-448-2122

NOTA: LAS SOLICITUDES DE CAMBIO DE OCUPACIÓN PRESENTADAS PARA REVISIÓN QUE NO HAYAN PROGRESADO DENTRO DE LOS 60 DÍAS DE LA FECHA DE ENVÍO SE RETIRARÁN AUTOMÁTICAMENTE. HONORARIOS NO PUEDE SER REEMBOLSADO.



EXTERNAL AGENCIES

For questions regarding the change of occupancy process contact the Community Development Department at 678-421-2027

CONSULT WITH EXTERNAL AGENCIES TO OBTAIN APPROVAL FOR THE FOLLOWING BUSINESS ACTIVITIES <u>THIS IS NOT AN EXHAUSTIVE LIST</u>	
Gwinnett County Department of Water Resources (DWR- GREEN SHEET)	Georgia Department of Agriculture
<p>Any type of food service Stores Restaurants Ice cream shops Coffee shops Bakeries & Delis Meat markets Assisted living facilities washes Any Industrial Manufacturing activity Day Care Facilities</p> <p>Grocery Minimarts New Buildings Medical or dental facilities Automotive facilities/car Coin laundries Food/drink processors Highwater users</p> <p>Website: https://www.gwinnettcountry.com/web/gwinnett/departments/water Phone Number: 770-822-800</p>	<p>Retail Food (Food Sales) Programs Convenience stores Bakeries Rolls, Seafood operations Salvage food operations Mobile meat trucks</p> <p>Cottage Food (domestic home kitchens) Loaf Breads, Cakes & Candies Pastries Cookies</p> <p>Website: https://www.gnrhealth.com/services/environmental-health-index/ Phone number: 404-656-3600</p>
Gwinnet County Environmental Health	Georgia Secretary of State License
<p>Food service establishments New construction Swimming pool Body art studios (tattoo and body piercing) Commercial/residential Septic System</p> <p>Website: https://www.gnrhealth.com/services/environmental-health-index/ Phone Number: 770-963-5732</p>	<p>Chiropractors Counselor/Social Workers/Marriage Immigration Assistance Long-term Care Facility Used Motor Vehicles Massage Therapy Dealers/Parts Professional</p> <p>Website: https://sos.ga.gov/licensing-division-georgia-secretary-states-office Phone Number: 478-207-2440</p>
<p>Child Care Facilities need to contact Bright From The Start – 404-657-5562 - http://www.dec.state.ga.gov/</p>	<p>Gwinnett County Trade Name Registration 770-822-8100 - Gwinnett County - Superior Court - Trade Name Registration (gwinnettcourts.com)</p>
<p>Georgia Corporations Divisions – 404-656-2817 https://ecorp.sos.ga.gov/BusinessSearch</p>	<p>Federal Tax Certificate (EIN) Employer ID Numbers Internal Revenue Service (irs.gov)</p>



Change of Occupancy and Business Registration Application

Community Development Department Phone: 678-421-2027
65 Lawrenceville Street Norcross, GA 30071

APPLICATION INFORMATION				
Type of Application:	<input type="checkbox"/> Commercial <input type="checkbox"/> Home Business <i>(complete the home-based business declaration for home businesses)</i>			
Reason for application: (Select all that apply)		This Business:		
<input type="checkbox"/> New Business <input type="checkbox"/> Change of Location <input type="checkbox"/> New Owner <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change of Business Activity		<input type="checkbox"/> is in a standalone suite/building, OR <input type="checkbox"/> is sharing tenant space with an existing business		
APPLICANT				
Applicant's Name:				
Applicant's Address:		Phone Number	Email:	
BUSINESS INFORMATION				
Legal Business Name:				
Doing Business As (DBA):				
Business Address (<i>physical location</i>):	Suite #:	City:	State:	Zip Code:
		Norcross	GA	
Mailing Address:	Suite #:	City:	State:	Zip Code:
Description of the primary business activity:				
Expected Opening Date:	NAICS Code: www.NAICS.com			
BUSINESS OWNERSHIP INFORMATION				
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Privately held Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Publicly Held Corporation <input type="checkbox"/> Publicly Held Corporation Subject to SEC Regulations <input type="checkbox"/> Other – Explain:				
Owner or President Name:		*Indicate if owner and president are different		
Owner Home Address:	Suite #:	City:	State:	Zip Code
Owner Email Address:	Phone Number:			
Additional Business Contact Information				
On-site Business Manager:	Phone Number:		Email:	
Additional Contact:	Phone Number		Email:	



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BUSINESS SANITATION

Per chapter 36-209 of the Norcross Code of Ordinances, "In order to obtain a business license, the applicant must show proof that sanitation service has been arranged with the city and appropriate deposits have been paid for the proposed business."

- My company is authorized to use Norcross Account Number for sanitation
- My company will need to apply for Sanitation Account

OFFICE USE ONLY

CERTIFICATE #

NAICS #

SYSTEMS #

FEE _____

DATE _____

BUSINESS ACTIVITY QUESTIONNAIRE

Select which of the following activities apply to your business:

- Yes No Outdoor storage, outdoor work, outdoor display, AND/OR outdoor temporary buildings.
- Yes No Onsite sale or use of smoking related products, including Hookah, VAPE, Cigarettes, and Cigars
- Yes No Automotive repair, painting (body work), part sales AND/OR automotive sales, rental, or brokerage.
- Yes No Adult entertainment the depiction, display or featuring of specified anatomical areas.
- Yes No The manipulation of human tissue.
- Yes No Selling/serving food AND/OR beverages.
- Yes No Selling AND/OR serving alcohol.
- Yes No Arcade machines, pool tables (or other amusement devices) AND/OR dance floor.
- Yes No Pawnbroker AND/OR precious metal dealer.
- Yes No Washing of any equipment or vehicle AND/OR discharge of wastewater, rinse water to the ground, street or storm drain.

Provide detailed explanation for the items selected above **(mandatory)**:

2. The business location has the following active utilities: Electricity Water Heating

If the location has not had active utilities in the past 6 months, coordinate with specific tradesmen to apply for utility activation permit.

Is this business required by the State of Georgia to have a state license? Yes No

If yes, please submit a copy of the state license

Will a business permanent or temporary sign be installed on the building or ground? Yes No

If yes, a separate sign permit is required

Will this business require interior or exterior alterations or installation of equipment? Yes No

If yes, a separate building permit is required

COMMERCIAL LEASE INFORMATION

Term of Lease:	Total Square Footage:
Lease Start Date:	Lease End Date:



Change of Occupancy and Business Registration Application

Community Development Department Phone: 678-421-2027
65 Lawrenceville Street Norcross, GA 30071

SUBMIT THE FOLLOWING WITH APPLICATION FORM (ALL BUSINESSES)

- Copy of Lease Agreement (Commercial based business only) or Proof of Property Ownership
- Copy of Government issued I.D. (i.e. Driver's License, Passport, Military, etc)
- Copy of Gwinnett County Fire Marshall Certificate of Occupancy
Contact 678-518-6000 - <https://aca-prod.accela.com/GWINNETT/Welcome.aspx> (Online portal to schedule Fire inspection)
- Copy of GA Secretary of State License (if applicable)
Contact 478-207-2440 <https://sos.ga.gov/licensing-division-georgia-secretary-states-office>
- Copy of Gwinnett County Environmental Health approval (if applicable)
Contact 770-963-5732 - <https://www.gnrhealth.com/services/environmental-health-index/>
- GA Department of Agriculture approval (if applicable)
Contact 404-656-3600 – <https://www.agr.georgia.gov/foodsafety.aspx>
- Copy of Gwinnett County Water & Sewer Approval (if applicable)
- Contact 770-822-8000 - <https://www.gwinnettcounty.com/web/gwinnett/departments/water>

APPLICANT'S STATEMENT

Applicant affirms that the information specified on this application is a true and accurate representation of the proposed business activity on site. Failure to provide true and accurate information with respect to the proposed business activity on site may lead to revocation of certificate of occupancy or business license registration

Applicant Complete Name:

Applicant Signature:

Date:



S.A.V.E./PRIVATE EMPLOYER AFFIDAVIT

Affidavit verifying status for city public benefit pursuant to O.C.G.A. § 36-60-6(d) & § 50-36-1(E)(2)

For questions about this form contact the General Government Administration by calling 770-448-2122

PLEASE SIGN DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC. THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, Alcohol License, or other public benefit document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), O.C.G.A. Section 50-36-1, from the CITY OF NORCROSS, the undersigned applicant representing the private employer known as:

Business Name: _____ (complete ALL SECTIONS below)

SECTION A

Choose one of the following:

9 or Less Employees - On January 1st of the below signed year, the individual, firm, or corporation employed LESS THAN TEN (10) employees - Exempt from E-Verify registration.

10 or More Employees - On January 1st of the below signed year, the individual, firm, or corporation employed TEN (10) OR MORE employees. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(d). - uscis.gov/everify. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below.

E-Verify: _____ Date of Authorization: _____

SECTION B

Choose one of the following:

I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as: a driver's license, military id card, or passport

I am a legal permanent resident of the United States.

Please submit copy of your Permanent Resident Card

I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by the O.C.G.A. §50-36-1(e)(1), with this affidavit.

IN MAKING THE ABOVE REPRESENTATION UNDER OATH, I UNDERSTAND THAT ANY PERSON WHO KNOWINGLY AND WILLFULLY MAKES A FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT OR REPRESENTATION IN AN AFFIDAVIT SHALL BE GUILTY OF A VIOLATION OF O.C.G.A. § 16-10-20, AND FACE CRIMINAL PENALTIES ALLOWED BY SUCH STATUTE.

SECTION C – Must be completed with a notary

Applicant Signature: _____

Subscribed and sworn to before me: This _____ day of _____, 20____

Date: _____

Notary Public

Seal

My Commission Expires: _____



BUSINESS OCCUPATION TAX RETURN

For questions about this form contact the General Government Administration by calling
770-448-2122

Number of employees including owner:	NAICS Code (www.NAICS.com):	TIN OR FTIN#: Federal Tax ID/Foreign Tax ID/Social Security Number
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A non-prorated administrative fee of \$50.00 shall be required on all business and occupation tax accounts. This fee is in addition to the Employee Tax Liability Fee. The tax rate shall be determined by number of employees for each business, trade, or profession. Any new business, trade, profession, or occupational tax after July 1st of each year shall be charged one-half (1/2) of the annual occupation tax imposed on such business, trade, profession, or occupation.

Number of Employees:	Occupational Tax Due:	Total including Administrative Fee:
1 Employee	\$50.00	\$100.00
2 Employees	\$60.00	\$110.00
3-9 Employees	\$60.00 + \$15 per employee over 2	\$110.00 + \$15 per employee over 2
10-99 Employees	\$165.00 + \$12.60 per employee over 9	\$215.00 + \$12.60 per employee over 9
100-599 Employees	\$1,299.00 + \$10.40 per employee over 99	\$1,349.00 + \$10.40 per employee over 99
500 or more Employees	\$5,459.00 + \$7.40 per employee over 499	\$5,509.00 + \$7.40 per employee over 499

Professionals shall elect as their entire occupation tax one that is based on number of employees or a fee of \$400 per practitioner who is licensed to provide the service.

CERTIFICATION

I, _____, hereby certify that I have provided complete and accurate information above. I acknowledge that I am aware that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and / or zoning enforcement action under the Zoning Ordinance. Furthermore, it is my responsibility to apply for and maintain all required Federal and State Licenses. Failure to be properly licensed may result in substantial penalties.

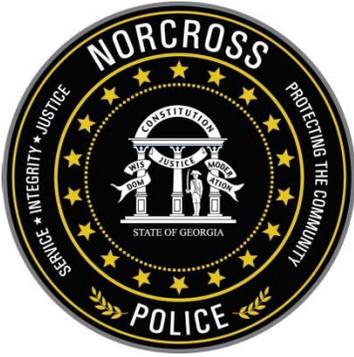
Name of Applicant:	Applicant's Signature:	Date:
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HOME BASED BUSINESS DECLARATION

Community Development Department Phone: 678-421-2027
 65 Lawrenceville Street Norcross, GA 30071

INITIAL EACH CONDITION TO ACKNOWLEDGE THE HOME BUSINESS ZONING REQUIREMENTS	INITIAL:	
1. The home occupation must be clearly secondary to the use of the dwelling as a residence and must not change the residential character of the dwelling or lot in any visible manner.		
2. The home occupation must not create any objectionable odor, noticeable vibration, or offensive noise that increases the level of ambient sound at the property lines.		
3. The home occupation must not cause unsightly conditions or waste which is visible from off the property.		
4. The home occupation must not cause interference with radio or television reception in the vicinity.		
5. The home occupation employees in the residence are only those persons who reside in the residence.		
6. The home occupation has no signs.		
7. The home occupation occupies less than one-fourth of the floor area of the dwelling.		
8. The home occupation has a maximum of one commercial vehicle, that is in compliance with the off-street parking ordinance, parked at the residence.		
9. The home occupation has no storage outside the residence.		
10. The home occupation does not create a volume of passenger or commercial traffic that is inconsistent with the normal level of traffic on the street on which the dwelling is located		
11. The following shall not be permitted within the home: massage therapy, psychic readings and fortunetelling, tattoo and/or body modification.		
Home Occupation Address:	Email Address:	Phone Number:
I, _____ (Applicant Name), hereby certify that I have provided complete and accurate information above.		
Applicant Signature:	Date:	



NORCROSS POLICE DEPARTMENT

BUSINESS WATCH REGISTRATION FORM

Please **PRINT LEGIBLY** or **TYPE** the following information:

Business Name: _____ Date: _____

Business License #: _____ Alarm Company: _____ Alarm Type: _____

Business Address: (Street) _____ (Suite) _____

Mailing Address: (Street) _____ (Suite) _____

(City) _____ (State) _____ (Zip) _____

Business Phone #: _____ Fax: _____

Business Owner's Name: _____

Business Owner's Home Phone: _____ Cell: _____

Business Email Address: _____

Manager's Name: _____

24-Hour (day / night) Local Emergency Contacts:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Preferred Method of Contact: _____

Type of Business: _____

Normal Business Hours: _____

Video Surveillance: Yes No If yes: inside outside both

Please fax or email completed form to the Norcross Police Department
770-448-2253 or joan.heckert@norcrosspd.com

Do you wish to receive NIXEL Community Alerts and Advisories by phone and / or e-mail? YES NO

Office Use Sticker #: _____ Date Entered into directory: _____

City of Norcross
Solid Waste Rate Schedule

Residential (one time a week p/u)	\$15.05 per month per cart
Limit 1 95 gallon cart and 5 bags	
All current residential property owners residing in the property who are age sixty-two (62) years old and older free service from the Franchisee.	
Recycling	No additional charge
Commercial (cart p/u one time a week)	\$28.45 per month per cart
Corrugated Cardboard Recycling	\$65.82 per month (1x per week service)

FRONT END LOADER SERVICE

	Deposit Required:		Amount equal to first and last month			
	1x/Wk	2x/Wk	3x/Wk	4x/Wk	5x/Wk	6x/Wk
2yd	\$57.28	\$95.85	\$135.94	\$176.16	\$214.79	\$255.04
4yd	\$74.91	\$129.50	\$182.80	\$235.02	\$291.40	\$344.84
6yd	\$94.53	\$166.45	\$238.35	\$310.27	\$382.19	\$454.09
8yd	\$114.13	\$205.64	\$297.20	\$388.72	\$533.60	\$571.75

ROLL-OFF PROGRAM

	Deposit Required:	\$500.00 per open top container
10 Yard Open Top	Rental per month	\$160.31
	Haul/Disposal	\$267.33
20 Yard Open Top	Rental per month	\$160.31
	Haul/Disposal	\$294.19
30 Yard Open Top	Rental per month	\$160.31
	Haul/Disposal	\$377.22
40 Yard Open Top	Rental per month	\$158.21
	Haul/Disposal	\$460.19

COMPACTOR PROGRAM

Deposit required:	\$700.00 on rental units	\$350.00 on Customer owned units
30 Yard Compactor	Rental per month	\$422.52
	Haul/Disposal	\$377.22
35 Yard Compactor	Rental per month	\$422.52
	Haul/Disposal	\$424.83
40 Yard Compactor	Rental per month	\$422.52
	Haul/Disposal	\$482.30

**NOTE: Tonnage over allotted 4 tons is \$50.49 per ton.
 \$85.88 charge will be applied for dumpster relocation. \$92.17 charge for delivery.
 \$65.87 charge for extra p/u of front load dumpsters.
 Rental fees associated with OT dumpsters will be prorated for partial month use.**



CITY OF NORCROSS APPLICATION FOR COMMERCIAL UTILITY SERVICE

NEW APPLICATION FOR SERVICE: YES NO Email Address: _____

OR

TRANSFER SERVICE: YES NO TRANSFER ACCOUNT #: _____

DATE OF APPLICATION: _____ SERVICE EFFECTIVE (NEXT DAY): _____

BUSINESS NAME: _____ BUS. TEL #: _____

FED TAX ID NO: _____ ALTERNATE TEL #: _____

SERVICE ADDRESS: _____

CITY, STATE & ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS): _____

OCCUPATION TAX REGISTRATION NO.: _____

PERSON COMPLETING THIS APPLICATION (PRINT PLEASE): _____

TITLE (PRINT PLEASE): _____

PERSON (S) AUTHORIZED TO MAKE CHANGES ON ACCOUNT:

(PLEASE INDICATE TITLE/POSITION NEXT TO EACH NAME)

CONTACT PERSON IN CASE OF EMERGENCY: _____

(PLEASE INCLUDE A VALID PHONE NUMBER AND ADDRESS)

WHERE TO PLACE DUMPSTER: _____

SIZE OF DUMPSTER REQUESTED: _____

THE UNDERSIGNED SEVERALLY AND UNCONDITIONALLY GUARANTEE THE PAYMENT OF ALL AMOUNTS WHEN DUE.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FOR OFFICE USE ONLY:

DEPOSIT AMOUNT:

ELECTRIC: \$ _____

DUMPSTER: \$ _____

TOTAL PAID: \$ _____

RECEIPT NUMBER: _____

NAME OF EMPLOYEE ACCEPTING APPLICATION: _____



GENERAL GOVERNMENT ADMINISTRATION DEPARTMENT

DEAR NEW UTILITY CUSTOMER:

Welcome to the City of Norcross. The choice you have made to reside here is an excellent one and we hope you will like it here. It is necessary to inform you that prompt and full payment is required once you receive your utility bill. This is required in order to pay our suppliers and to ensure that rates do not go up for our paying customers.

Attached are the general provisions that cover utility services. We would like you to take a few moments to review these rules. If you have any questions, please ask. The most important points to remember are that payments are due by the 15th of the month (or other due date specified on your bill) and a late fee of 10% will be applied after that date. Failure to pay by 5:00pm on the 15th will result in discontinuance of service after notice is served. The cost of serving you a notice will be an additional five (\$5.00) dollars. If payment has not been received by 10:00am on cut-off day, an additional fifty (\$50.00) dollars will be automatically added your account.

If paying by mail, you must make sure we have receive your payment prior to the due date (postmark will not be recognized). We are not responsible for any payments that are not received on time due to problems with the mail. Also, if for some reason you do not receive a bill, you are still responsible for payment by 5:00pm on the due date. You should call the City if you do not receive a bill by the 2nd of the month or e-mail our office at GGA@norcrossga.net.

Once again, welcome to the City of Norcross and let us know of any problems, concerns or suggestions of how to better serve you.

Please check each box below indicating that you have read and understand the information contained in this letter:

- Payment is due by 5:00pm on the 15th (or other due date specified on your bill)
- Additional \$50.00 will be added on cut-off day if payment has not been received by 10:00am
- Mail received in the office after 5:00 pm on the due date regardless of postmark will be assessed late charges/notice fees.
- Not receiving my bill does not relieve me of my payment.

Please sign below stating you are familiar with the rules and provisions regarding the supply of utility services in the City of Norcross.

(Signature of Applicant)

Date: _____

(Print Name of Applicant)

65 LAWRENCEVILLE STREET, NORCROSS, GA 30071
TELEPHONE *(770) 448-2122 FAX *1(678)-802-6466
Pay Online: WWW.NORCROSSGA.NET
email: GGA@norcrossga.net



Establish Service Request Form

This form is used to establish natural gas service with Gas South, LLC.

Today's date: _____ Desired Turn on Date: _____

New Customer Name (this will be the name in which the gas service account will be established):

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Phone Number:

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

e-mail Address:

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Service Address:

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Billing Address: (if different from one noted above)

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Social Security Number:

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Please choose ONE of the following rate plans.

- Introductory Variable Rate
- 12 Month Fixed Rate
- 6 Month Fixed Rate
- I am a Senior Citizen over the age of 65.

Please select ONE of the following options.

- Customer Will be Home
- Call 30 Minutes Before Service Appointment

Referring Rep

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB

Gas South will use the above information to establish service in the customer's name.

I hereby authorize Gas South to be my natural gas company and enroll me on the selected Rate Plan or Pay-As-You-Go Variable Rate Plan, subject to credit approval. This offer is subject to Gas South's terms and conditions, including a credit check at the time of enrollment. By signing this document you hereby authorize Gas South to perform a credit check and establish your natural gas service with Gas South. Your customer service fee will be \$5.95 or \$9.95 per month (\$3.95 for qualified seniors), subject to credit approval. All residential rate plans are also subject to taxes and Atlanta Gas Light (AGL) charges. The start date is subject to acceptance by AGL. Customer will be provided with an enrollment package within seven days of Gas South's receipt of confirmation from AGL that service has begun with Gas South.

Printed Name

Signature of Applicant*

Date

Upon receipt, a Gas South representative will process the service request in accordance with our internal policies. We will contact the customer via email or phone to confirm the date and scheduled service activation. Gas South will also contact the customer in the event that we cannot accept the customer for service, or if we need additional information to complete the enrollment.