

CITY OF ALBANY/ DOUGHERTY COUNTY
TREASURER'S OFFICE
POST OFFICE BOX 447, SUITE 150
ALBANY, GA 31702-0447
TELEPHONE (229) 431-2118 FAX (229) 432-8160
WWW.ALBANY.GA.US

REGISTERED LICENSE RENEWAL APPLICATION

CITY OF ALBANY DOUGHERTY COUNTY DATE: _____

ALL INFORMATION MUST BE TYPED OR PRINTED

BUSINESS INFORMATION

SOLE PROPRIETOR CORPORATION PARTNERSHIP LLC

BUSINESS NAME (DBA IF APPLICABLE): _____
BUSINESS OWNER: _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____
EMAIL: _____
CONTACT PERSON #1: _____ HOME PHONE: _____
ADDRESS: _____
FEDERAL EMPLOYEE ID#: _____ DATE OPENED IN CITY: _____
SALES TAX NO.: _____ CURRENT BUSINESS LICENSE NO.: _____
NAME ON STATE LICENSE/
PERMIT: _____
STATE LICENSE NO.: _____ **ATTACH COPY OF LICENSE**
(PROFESSIONALS, CONTRACTORS, SUB-CONTRACTORS)

An owner or agent who willfully or knowingly files or causes to be filed a false return shall be guilty of an offense as defined by and punishable by Sections 1-17 and 1-18 of the Code of Ordinances of the City of Albany.

APPLICANT SIGNATURE	PRINT NAME	TITLE	DATE
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ITEMS NEEDED WHEN FILING YOUR RENEWAL APPLICATION

CHECKLIST

- _____ CURRENT LICENSE IN ANOTHER CITY IN THE STATE OF GEORGIA. (IF YOU DO NOT HAVE A PHYSICAL LOCATION IN ALBANY, GA)
- _____ A COPY OF YOUR DRIVER'S LICENSE.
- _____ CONTRACTORS: A COPY OF YOUR CERTIFICATE OF INSURANCE NOT LESS THAT \$100,000 WITH THE CITY OF ALBANY AS A CERTIFICATE HOLDER. (GENERAL, ELECTRICAL, HVAC, PLUMBING, DEMOLITION, EXCAVATION, ETC.)

**NOT ATTACHING THE ABOVE INFORMATION WILL DELAY THE PROCESSING OF YOUR RENEWAL LICENSE*

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