

APPLICATION TO REGISTER BUSINESS
UNDER A TRADE NAME

STATE OF GEORGIA, COUNTY OF Warren

The undersigned hereby certifies that (they are) (it is) (he is) (she is) conducting a
business in the city of , County of Warren, at

Physical Address:

City: _____ State: _____ Zip Code: _____

in the State of Georgia, under the name: (Insert Trade Name Below)

and the nature of the business is:

Brief Description of Business

and that said business is composed of the following: (Check one)

Person Corporation/LLC Partnership

Full Name/Title:

(Of Person or Corp/LLC)

Address: (Required: Complete Physical Address with City, State and Zip Code)

1. _____

1. Address:
1. Address:

City: _____ State: _____ Zip: _____

2. _____

2. Address:

City: _____ State: _____ Zip: _____

3. _____

3. Address:

City: _____ State: _____ Zip: _____

4.

4.Address:

City: _____ State: _____ Zip: _____

This affidavit is made in compliance with GA Code Annotated, Title 10, Chapter 1, Section 490.

Applicant/Owner Signature

Applicant/Owner Name
(Printed)

Sworn and subscribed before me,

Applicant Phone Number: _____

this _____ day of _____

Applicant E-Mail:

20 _____

Note: To Avoid Rejection of Application,
Complete All Required Fields.

Notary Public

State of Georgia

My Commission Expires: _____