

City of Rockmart
Regulatory Application



Name of Business

Sales Tax #

Address of Business

Federal ID # OR SSN

Type of Business

Phone #

Individual ()

Partnership ()

Corporation ()

LLC ()

Name

Title

Name

Title

Name

Title

Must provide copies of current local business license, state license (if applicable) and liability insurance

Work Location _____ Period of Work _____ to _____

I certify that the information given above as a basis for taxation is true and correct to the best of my knowledge.

Signature

Title

Date

City of Rockmart Approval

Date Received: _____ Zoning: _____

Regulatory Fee Paid: _____ Reviewed By: _____

Customer ID: _____