

BULLOCH COUNTY

Business License Address Verifications

Request Date _____

Business Name _____

Business Physical Address Requested _____

Business Physical Address City, State Zip Requested _____

Business Phone _____

Map and Parcel # _____

Home business? ☒

Type of Business (Dominant Line of Business) _____

Requestor Name _____

Requestor Phone _____

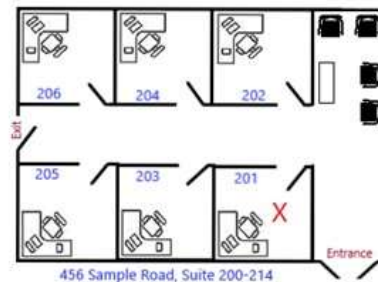
Requestor Email _____

Owner Name _____

Owner Phone # _____

Number of Suites in Building _____

If your business is inside a building that has multiple units, you must include which Suite your business will be occupying, along with a layout of the building, showing which unit your business is in by marking the appropriate suite with an X. (See Examples Below) You may also use a copy of your buildings fire plan and mark your suite on it and attach to this request.



Once your address has been verified, a copy of this application will be filled out and sent back to the requestor via the email provided above. This form will then need to be sent to the appropriate licensing office needing verification. Please let our office know if you have any questions.

FOR INTERNAL USE ONLY

Date Received _____

Record Number _____

Correct Address _____

Correct Address City, State, Zip _____

Verified By _____

Date Returned/Verified _____

Comments _____

RESULT