



CITY OF NORCROSS BUSINESS REGISTRATION AND CHANGE OF OCCUPANCY APPLICATION

65 Lawrenceville Street, Norcross, Georgia 30071 Phone: 678-421-2027 Fax: 770-242-0824

BUSINESS INFORMATION

Business Name: _____

Doing Business As Name: _____

Business Address: _____ Suite: _____ Parcel ID#: _____ Zoning: _____

Mailing Address: _____ Suite: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell phone: _____ Fax: _____

Email _____ Expected Opening Date: _____ Is this a business renewal? Yes No

If this is not a renewal application, check any of the applicable: New Application Change of Ownership
 Change of Address Change of Business Name Change of Business Activity Home Occupation

BUSINESS DESCRIPTION

- | | | |
|--|--|---|
| <input type="checkbox"/> CONTRACTOR/LICENSED TRADE | <input type="checkbox"/> AGRICULTURE | <input type="checkbox"/> AUTOMOTIVE |
| <input type="checkbox"/> WAREHOUSE/DISTRIBUTION | <input type="checkbox"/> CARNIVAL | <input type="checkbox"/> DETECTIVE |
| <input type="checkbox"/> SERVICES: PROFESSIONAL | <input type="checkbox"/> FINANCIAL | <input type="checkbox"/> HOTEL/MOTEL |
| <input type="checkbox"/> WAREHOUSE/DISTRIBUTION | <input type="checkbox"/> FIREARMS | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> NATURAL RESOURCES | <input type="checkbox"/> PAWN | <input type="checkbox"/> ALCOHOL |
| <input type="checkbox"/> RETAIL SALES | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SERVICES: BUSINESS |
| <input type="checkbox"/> SERVICES: PERSONAL | <input type="checkbox"/> WHOLESALE | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> SERVICES: NON-AUTOMOTIVE | <input type="checkbox"/> PRECIOUS METALS | <input type="checkbox"/> OTHER |

Describe the economic activity for this application: _____

Please provide any state license or registration numbers related to this application: 1) _____
 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

BUSINESS OWNER INFORMATION

Ownership Type: Sole Proprietor Partnership Limited Partnership Corporation LLC

Owner(s) Name: _____

Address: _____ Suite: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell phone: _____ Fax: _____

Email: _____

Contact Person:

Name: _____

Address: _____ Suite: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell phone: _____ Fax: _____

Email: _____



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ADDITIONAL BUSINESS INFORMATION

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Will the business activities include outdoor storage, work or display? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Will the business install outdoor storage containers or temporary buildings? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Will the business activities include adult entertainment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Will the business activities include discharging waste other than domestic waste in the sewer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Will the business activities include discharging waste, waste water or rinse water to the ground, street or storm drain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Will the business activities include any automotive repair, maintenance, body work or painting? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Will the business activities include any automotive parts sales, including tires? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Will the business activities include any automotive rental, sales or brokerage? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Will the business activities include washing of any equipment or vehicles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Will the business activities include selling and/or serving alcohol? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Will the business activities include food or beverage preparation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Will the business activities include arcade machines or other amusement devices?
If yes, please provide total quantity of machines and State of Georgia Registration Number(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Has the business setup sanitation service with the City of Norcross? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Has the business obtained a Food Service Permit from Gwinnett County Environmental Health? (Applies only to restaurants and food preparation businesses only) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Does the site contain an installed grease trap? If yes, what size? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Will the business install or change signage on the building façade or property ground sign? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Will the business install window signage? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Will the business facility require any interior or exterior alterations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Will the business facility require equipment installation, repair or replacement? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Does the proposed location have active utilities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Does the proposed location have an active City of Norcross solid waste service account?
Account Number: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does the proposed location have drinking water? |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Does the proposed location have hot water? |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Does the proposed location have heating? |

BUSINESS OWNER'S SIGNATURE

Signature

Date

CITY USE ONLY. DO NOT WRITE IN THIS BOX.



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Date received: _____ Application Number: _____ Fee Paid \$ _____

ROUTING SHEET

Required Approvals: Please obtain either signatures from the required departments or attach the department's approval documentation.

(City of Norcross):

- City of Norcross Community Development Director: _____ Date: _____
City of Norcross Public Utilities/Works: _____ Date: _____
Water, Sanitary Sewer, Solid Waste, Roadways
City Planning & Zoning: _____ Date: _____
City Engineering: _____ Date: _____
City Building Official: _____ Date: _____
Norcross Police Department: _____ Date: _____

Required Approvals (Gwinnett County):

- Gwinnett County Fire Marshal: _____ Date: _____
Gwinnett County Water Dept: _____ Date: _____
Gwinnett County Sanitary Sewer: _____ Date: _____
Gwinnett County Transportation: _____ Date: _____
Gwinnett County Storm Water: _____ Date: _____
Gwinnett County Planning/Development: _____ Date: _____
Streets and Addresses
Gwinnett County 911: _____ Date: _____
Gwinnett County Tax Assessor: _____ Date: _____
Gwinnett County Environmental Health: _____ Date: _____
o Food Service Permit Number: _____
Others as required: _____ Date: _____