



Mayor James C. Weathersby

Chief Administrative Officer Michelle Graham

P.O. Box 60 Shellman GA 39886

info@cityofshellman.com

(229) 679-5306

# City of Shellman

## Business License Application

Before a license can be given you must first have any and all required permits/licenses that are needed to start a business.

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

What will be the primary sales at this location? \_\_\_\_\_

Name and phone number of the person applying for the license

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Hours and days of operation: \_\_\_\_\_

What is the current zoning at the location of the proposed business?

Business: ☐ Residential: ☐

How many employees will be there? Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

What is the current capacity load that the building will occupy? \_\_\_\_\_

Is there adequate parking space on the property for customers to park? \_\_\_\_\_

**Application Date:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Denied Date:** \_\_\_\_\_

**Reason for denial** \_\_\_\_\_

\_\_\_\_\_

Mayor's Signature \_\_\_\_\_