



TELEPHONE 706-375-3177

BUSINESS APPLICATION

Date: _____

Name of Business: _____

Name of Owner of Business: _____

Mailing Address of Business: _____

Physical Address of Business: _____

Business Telephone No.: _____

Type of Business: (The business activity that generates the majority of business income.)

GEORGIA LAW REQUIRES THAT THIS INFORMATION WILL BE CONFIDENTIAL

Signature of Owner _____ Date _____

OFFICE USE ONLY

Location Zoned As _____ Owner Permission Attached (if required) _____

Is Business Type Permitted Within The Zoning Classification? NO _____ YES _____

Is Business Going To Be Conducted Within The Home? _____

Application Approved By _____ Date _____

Application Fee: \$ _____ Receipt # _____ Date _____ By: _____

City of Chickamauga Planning Commission
 P.O. Box 69, 103 Crittenden Ave., Chickamauga, GA 30707
 Phone 706-375-3177