



# BUSINESS REGISTRATION

Oglethorpe County Government  
www.oglethorpecountyga.gov/tax-assessor  
P.O. Box 136 · Lexington, Georgia 30648 · 706-743-5166

## Required Information:

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

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Business Type:

Corporation

Sole Owner

LLP

LLC

Partnership

Type Of Registration:                      New                      Renewal

Federal Tax ID Number: \_\_\_\_\_

Is the business located in your home:                      Yes                      No

Describe Nature of Business:

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## STAFF USE ONLY

Date Received: \_\_\_\_\_

Processed By: \_\_\_\_\_

Tax Year: \_\_\_\_\_

Customer #: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Late Fee: \_\_\_\_\_

Notes:

**If Required by the State of Georgia, Attach a Copy of Your Current State License.  
(\*This requirement does not apply to members of the State Bar of Georgia)**

**\*NOTE:** A business registration certificate shall be effective as of January 1 of the year following the registration deadline and shall remain valid until the following December 31. If a business or practitioner commences business after January 1, then its business registration certificate for that year shall be effective upon the date of issuance and shall remain valid until the following December 31.

**\*NOTE:** Any business or practitioner that submits the business registration to the County more than sixty (60) days after the applicable deadline prescribed herein shall be required to pay a late fee in the amount of \$50.00. A business registration certificate shall not be issued to such business or practitioner until the payment of said late fee.

### Notice of Agreement

I, \_\_\_\_\_, applicant, do solemnly swear, subject to the penalties for false swearing, that the statements and answers made by me are true and no false or fraudulent statement or answer is made herein to procure the granting of such registration.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
Date)