

**APPLICATION TO REGISTER BUSINESS
UNDER A TRADE NAME**

STATE OF GEORGIA, COUNTY OF DEKALB

The undersigned hereby certifies that (they are) (it is) (he is) (she is) conducting a
business in the City of _____, County of DeKalb, at
Address:

City: _____ State: _____ Zip Code: _____
in the State of Georgia, under the name: _____
(Insert Trade Name)

and the nature of the business is:

Brief Description of Business

and that said business is composed of the following: (Check one)

Person Corporation/LLC Partnership

Full Name/Title:
(Of Person or Corp/LLC)

Address: (Required: Complete Address with City, State and Zip Code)

- 1. 1.Address: City: State: Zip:
- 2. 2.Address: City: State: Zip:
- 3. 3.Address: City: State: Zip:

Initials Required: I understand that I am responsible for verifying availability of the above
Trade Name before submitting my application. If I register a Trade Name already in use, I will
lose my application fee and will be required to submit a new application and pay a new
application fee to register another Trade Name. Trade Name books are located in G-50 of the Clerk of
Superior Court's Office and are available for review during regular business hours.

This affidavit is made in compliance with GA Code Annotated, Title 10, Chapter 1, Section 490.

Applicant/Owner Signature

Applicant/Owner Name (Printed)

Sworn and subscribed before me,
this _____ day of _____, 20_____

Applicant Phone Number _____
(Required for Publication)

Note: To Avoid Rejection of Application, Complete All Required Fields.

Notary Public
State of Georgia

My Commission Expires: _____