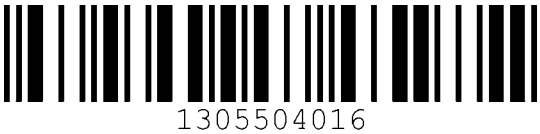
Print Clear


1305504016

CRF-004 (Rev. 5/15)
GEORGIA DEPARTMENT OF REVENUE
REGISTRATION and LICENSING UNIT
P. O. BOX 49512
ATLANTA, GA 30359-1512
Phone: 1-877-GADOR11 (1-877-423-6711)
TSD-sales-tax-lic@dor.ga.gov
TSD-withholding-lic@dor.ga.gov

ADDITIONAL OWNERSHIP / RELATIONSHIP FORM

(PLEASE PRINT OR TYPE) **(Complete Only If Necessary)**

LEGAL BUSINESS NAME:

CHECK ALL THAT APPLY — Effective Date : _____

☐ Owner _____ % ☐ Officer _____ % ☐ Partner _____ % ☐ Other : _____
☐ LLC Member _____ % ☐ Tobacco Licensee _____ % ☐ Alcohol Licensee _____ %

BUSINESS NAME | STI or LICENSE NO.

GA. SALES TAX NO. | GA WITHHOLDING TAX NO.

LAST NAME | FIRST NAME | M.I. | TITLE | SOCIAL SECURITY NO.

ADDRESS

CITY | STATE | ZIP | COUNTY | PHONE NUMBER

CHECK ALL THAT APPLY — Effective Date : _____

☐ Owner _____ % ☐ Officer _____ % ☐ Partner _____ % ☐ Other : _____
☐ LLC Member _____ % ☐ Tobacco Licensee _____ % ☐ Alcohol Licensee _____ %

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LAST NAME | FIRST NAME | M.I. | TITLE | SOCIAL SECURITY NO.

ADDRESS

CITY | STATE | ZIP | COUNTY | PHONE NUMBER

SIGNATURE SECTION

I HAVE EXAMINED THIS FORM, AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND CORRECT.

SIGNATURE _____ TITLE _____ DATE _____

(MUST BE SIGNED BY OWNER, PARTNER, OR CORPORATE OFFICER AS LISTED IN THE RELATIONSHIP SECTION ABOVE.)