



LINCOLN COUNTY CONSTRUCTION TRADES INFORMATION / LICENSE APPLICATION

NEW LICENSE RENEWAL RECIPROCAL

1. Business Name/Trade Name: _____

2. Mailing Address: _____

Primary Business Phone #: _____ - _____ - _____ Fax # _____ - _____ - _____

3. Physical Address: (If Different than #2.) _____

4. Type of Business: Corporation Partnership Sole Proprietor

5. Principle Officers/Owners/State License Holders:

Name: _____ Corp. Officer Partner Owner State Lic. Holder

Address: _____

Phone #: _____ - _____ - _____ Pager/Cell # _____ - _____ - _____

Georgia State License # _____ Exp. Date _____

Name: _____ Corp. Officer Partner Owner State Lic. Holder

Address: _____

Phone #: _____ - _____ - _____ Pager/Cell # _____ - _____ - _____

Georgia State License # _____ Exp. Date _____

Name: _____ Corp. Officer Partner Owner State Lic. Holder

Address: _____

Phone #: _____ - _____ - _____ Pager/Cell # _____ - _____ - _____

Georgia State License # _____ Exp. Date _____

6. Type of License: Contractor/General Contractor** Electrical Contractor*** Plumbing Contractor*** Conditioned Air Contractor ***
 Roofing/Siding/Windows** Masonry ** Handyman (Restricted)****

** Requires proof of insurance and deposit of License and Permit Bond.

*** Electrical ,Plumbing and Conditioned Air : Requires proof of insurance, deposit of License and Permit Bond, and valid Georgia State License.

**** Handyman (Restricted): Limited to minor repairs only, no single repair or combination of repairs at any one job or location shall exceed \$ 2,500.00 for materials and labor. Proof of insurance and License and Permit Bond Not Required.

8. Fees: NUMBER OF EMPLOYEES _____ FEE: \$ _____

The number of employees includes full-time and full-time equivalent working for the business. The fractional working times of part-time employees are combined and rounded to provide a more accurate estimate of full-time equivalent employees. The owner and other family members working for the business, paid or un-paid, shall be included in this count.

9. Certification:

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that the granting of this license does not waive the provisions of any state or local law regulating zoning, construction, or the performance of construction.

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY: The following 3 steps are STATE requirements that must be provided before issuing business license.

1. Affidavit _____ 2. Photo Copy of Driver's License or State Issued I.D. Card _____ 3. SAVE Form _____

Issuing Authority: _____ LICENSE NUMBER: _____