



# WHOLESALE FISH DEALER LICENSE APPLICATION

GEORGIA DEPARTMENT OF AGRICULTURE • FOOD SAFETY DIVISION  
19 MARTIN LUTHER KING JR DR, SW • ATLANTA, GA 30334

Tyler Harper  
**COMMISSIONER**

ESTABLISHMENT INFORMATION			
BUSINESS NAME <i>(Doing Business As)</i>		COUNTY	
CORPORATE NAME <i>(As Filed with the Secretary of State's Office)</i>		BUSINESS PHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS <i>(If Different than Above)</i>	CITY	STATE	ZIP CODE

PROJECTED OPENING
DATE:
<i>License Applications and Business Plans should be submitted no more than ninety (90) days, but no fewer than thirty (30) days, before the projected opening date.</i>

TYPE OF OWNERSHIP	
Individual	Limited Liability Company
Corporation	Partnership or LLP
Cooperative	Sole Proprietorship

OWNERSHIP INFORMATION			
1	NAME	TITLE	PHONE
	EMAIL ADDRESS	MAILING ADDRESS <i>(If Different than those Listed Above)</i>	
2	NAME	TITLE	PHONE
	EMAIL ADDRESS	MAILING ADDRESS <i>(If Different than those Listed Above)</i>	
3	NAME	TITLE	PHONE
	EMAIL ADDRESS	MAILING ADDRESS <i>(If Different than those Listed Above)</i>	
4	NAME	TITLE	PHONE
	EMAIL ADDRESS	MAILING ADDRESS <i>(If Different than those Listed Above)</i>	

*If there are more than four (4) Owners, Officers, and/or Registered Agents, please attach a separate list with their contact information to this document.*

VERIFICATION OF LAWFUL PRESENCE	
<i>A <u>Notarized Affidavit</u> and acceptable documentation are required by O.C.G.A. § 50-36-1.</i>	<b>For assistance, call the Customer Service Center at: 855-4-AG-LICENSE (855-424-5423)</b>

\_\_\_\_\_  
APPLICANT – PRINTED NAME

\_\_\_\_\_  
APPLICANT - SIGNATURE

\_\_\_\_\_  
APPLICANT - TITLE

\_\_\_\_\_  
DATE

DEPARTMENT USE ONLY	
LICENSE #	FTC