



DEPARTMENT OF LAW  
CONSUMER PROTECTION DIVISION

**Application for Buying Service License**

**Instructions:** Please complete this application and return it with the required fee to the Georgia Department of Law, Consumer Protection Division at the address listed at bottom of this form.

The fee for a license or renewal is \$50.00, payable to the Department of Law. The license is issued for a period of one year and shall be renewable within 90 days preceding the expiration date.

Company name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing address, if different from above: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Georgia sales tax #: \_\_\_\_\_

Other company names used: \_\_\_\_\_

Is firm a subsidiary of another firm? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name and complete address: \_\_\_\_\_

Type of ownership: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

List name(s) of owner, partners or corporate officers (President, Vice President, Secretary, Treasurer, etc. Attach additional sheet if needed.)

NAME

TITLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Georgia sales tax number: \_\_\_\_\_

Applicant's name and title: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_ Applicant's email: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For use by Georgia Department of Law, Consumer Protection Division only:*

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

Paid for by: \_\_\_\_\_ Check / money order #: \_\_\_\_\_

License no.: \_\_\_\_\_ Date issued: \_\_\_\_\_