

CITY OF WRENS
REGULATORY FEE

DATE: _____

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

LOCATION OF BUSINESS: _____

DESCRIBE PRINCIPAL TYPE OF BUSINESS CONDUCTED: _____

AMOUNT TO PAY FOR REGULATORY FEE: \$50.00

I hereby certify that the information reported is true and correct.

Signature of authorized person reporting

Printed name

Title of Authorized person reporting:

PLEASE RETURN COMPLETED FORM WITH A PAYMENT FOR THE CORRECT AMOUNT TO:

CITY OF WRENS
ATTN: MADISON TINER
P.O. BOX 125
WRENS GA 30833

DUE BY: **JANUARY 30, 2024**

A REGULATORY CERTIFICATE WILL BE RETURNED BY MAIL.