

**CITY OF WRENS  
REGULATORY FEE**

DATE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

DESCRIBE PRINCIPLE 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:**

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

CITY OF WRENS  
ATTN: CASSIE BARTLETT  
P.O. BOX 125  
WRENS GA 30833

DUE BY: **JANUARY 30, 2019**

A REGULATORY CERTIFICATE WILL BE RETURNED BY MAIL.