

**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:**

\_\_\_\_\_  
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, 2018**

A REGULATORY CERTIFICATE WILL BE RETURNED BY MAIL.