







**DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

List below the names of local government officials of the City of Flowery Branch to whom campaign contributions were made, within two (2) years immediately preceding the filing of this application, which campaign contributions total \$250.00 or more or to whom gifts were made having a total value of \$250.00 or more.

Elected Officials Name	Amount of Description of Gift
_____	_____
_____	_____

**SIGNATURE(S) OF APPLICANT(S)**

I/We, the owner(s), submit this application and certify that the information is correct and true to the best of my knowledge.

\_\_\_\_\_  
Applicant # 1

\_\_\_\_\_  
Applicant # 2

\_\_\_\_\_  
Applicant # 3

**HEARING DATE**

This Application is scheduled to be heard by the Mayor and Council of the City of Flowery Branch at their meeting of \_\_\_\_\_, 200\_, at \_\_\_\_\_ in the Council Chambers of Flowery Branch City Hall, 5517 Main Street, Flowery Branch, Georgia.

*Owner or agent must be present in order for the request to be heard.*

**RECEIPT**

Submission fee received from \_\_\_\_\_  
in the amount of \$ 250.00.

City of Flowery Branch

BY: \_\_\_\_\_  
City Planner

Date: \_\_\_\_\_