



**City of Centerville, Georgia
 Commercial Business
 License Application
 300 East Church Street
 Centerville, GA 31028
 Phone: (478) 953-4734 Fax: (478) 953-4797**



NAME OF BUSINESS: _____

CENTERVILLE MAILING ADDRESS
 OF BUSINESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EXACT LOCATION OF BUSINESS: _____

CENTERVILLE PHONE#: _____ FEDERAL TAX ID#: _____

NAME OF BUSINESS-OWNER: _____

NAME OF APPLICANT: _____

APPLICANT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE# _____ SOCIAL SEC # _____

PLEASE CHECK THE ADDRESS TO WHICH THE BUSINESS LICENSE INVOICE SHOULD BE MAILED TO: OWNER ADDRESS CENTERVILLE OWNER ADDRESS

DESCRIBE TYPE OF BUSINESS: _____

PLEASE READ THE FOLLOWING INFORMATION BEFORE ANSWERING QUESTION BELOW:

- A. **OWNERS OF A BUSINESS:** The owner of a business shall be counted as a full time employee whether or not they receive a salary.
- B. **FULL TIME EMPLOYEES:** Full time employees are those who work a minimum of 40 hours per week
- C. **PART TIME EMPLOYEES:** Part time employees will be converted to equivalent full time employees; add all the hours per week worked by all part time employees and dividing that number by 40. (Example: Four part time each work 20 hour per week for a total of 80 hours. The equivalent full time employees to be listed on the application would be two.)

AVERAGE NUMBER OF EMPLOYEES: _____

**CENTERVILLE POLICE DEPARTMENT
BUSINESS EMERGENCY CALL SHEET
(478) 953-4222**

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

OWNER OF BUILDING: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

FIRST PERSON TO CALL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

SECOND PERSON TO CALL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE#: _____

NON-PROFIT ORGANIZATIONS

If applicant is applying on behalf of a non-profit organization, as recognized by the Internal Revenue Service, state the following:

NAME OF ORGANIZATION: _____

WHEN AND WHERE CHARTERED: _____

APPLICANTS OFFICE AND DUTIES IN SAID ORGANIZATION: _____

FEDERAL EMPLOYER I.D.#: _____

HAS A FEDERAL TAX FORM 990 BEEN FILED FOR SAID ORGANIZATION FOR PREVIOUS YEARS? YES NO

THE APPLICATION FURTHER DEPOSES THAT HE/SHE UNDERSTANDS THAT THE LICENSE FOR WHICH APPLICATION IS MADE IS FOR THE CURRENT CALENDAR YEAR ONLY AND NO FALSE OR FRAUDULENT STATEMENT IS MADE THEREIN TO PROCURE THE GRANTING OF SUCH LICENSE.

X _____
OWNER/APPLICANT'S SIGNATURE

NOTARY PUBLIC
(THIS OFFICE HAS A NOTARY PUBLIC)

DATE

PLEASE DO NOT SIGN APPLICATION UNLESS IT IS WITNESSED BY A NOTARY PUBLIC.

FOR OFFICIAL USE ONLY

ZONING OFFICE

APPROVED DISAPPROVED

SIGNATURE: _____ DATE: _____

PROPERTY ZONED: _____

COMMENTS: _____

HEALTH DEPARTMENT

APPROVED DISAPPROVED

SIGNATURE: _____ DATE: _____

COMMENTS: _____

POLICE DEPARTMENT

APPROVED DISAPPROVED

SIGNATURE: _____ DATE: _____

COMMENTS: _____

FIRE DEPARTMENT

APPROVED DISAPPROVED

SIGNATURE: _____ DATE: _____

COMMENTS: _____

CITY CLERKS OFFICE

AMOUNT OF LICENSE: _____ AMOUNT PRO-RATED: _____

DATE ISSUED: _____ PRO-RATE LICENSE EXPIRES: _____

LICENSE #: _____

COMMENTS:

ADDITIONAL INFORMATION

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WHITE GOODS	NO CHARGE
REFRIGERATORS / FREEZERS	\$35.00
AIR CONDITIONERS	\$35.00
TIRES: PASSANGER	\$ 5.00
TIRES: WITH RIMS	\$20.00
TIRES: TRUCK & LARGER	\$15.00
BATTERIES	\$ 5.00
FURNITURE/CARPET	PRICE ACCORDING TO SIZE \$10.00 MIN
EVICITION OR MOVING REMNANTS OR LOT CLEARING	PRICE ACCORDING TO SIZE \$25.00 MIN
LIMBS	PRICE ACCORDING TO SIZE
BRICK & CONCRETE	PRICE ACCORDING TO SIZE

ROLL-OFF CONTAINERS ARE PROVIDED FOR THE FOLLOWING

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TREE REMOVAL	\$70.00 PER PULL + LANDFILL CHARGES
CONSTRUCTION MATERIALS	SAME
ROOFING MATERIALS	SAME
REMODELING MATERIAL	SAME
DEBRIS FROM LOT CLEARING	SAME

CONTACT LARRY COY FOR ROLL-OFF DELIVERY

PAGER#: 478-464-6906

PHONE#: 478-953-1058