



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 MAILED ADDRESS OF BUSINESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

CENTERVILLE PHONE NUMBER: \_\_\_\_\_ FEDERAL TAX ID: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF BUSINESS-OWNER: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

APPLICANT HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ FEDERAL TAX ID: \_\_\_\_\_

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

\_\_\_\_\_ OWNER ADDRESS

\_\_\_\_\_ CENTERVILLE OWNER ADDRESS

**PLEASE READ THE FOLLOWING INFORMATION BEFORE ANSWERING THE QUESTIONS 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 hours 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 organizations, as recognized by the Internal Revenue Service, stat the following:

**NAME OF ORGANIZATION:** \_\_\_\_\_

**WHEN AND WHERE CHARTERED** \_\_\_\_\_

**APPLICANTS OFFICE AND DUTIES IN SAID ORGANIZATION:** \_\_\_\_\_

**FEDERAL EMPLOYER ID #:** \_\_\_\_\_

**HAS A FEDERAL TAX FORM 990 BEEN FILED FOR SAID ORGANIZAION FOR PREVIOUS YEARS?**

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO**

**THE APPLICATION FURTHER DEPOSES THAT HE/SHE UNDERSTAND 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.**

\_\_\_\_\_  
**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 OFFICAL 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

\_\_\_\_\_ APPROVED      \_\_\_\_\_ DISAPPROVED

SIGNATURE: \_\_\_\_\_

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

COMMENTS: \_\_\_\_\_

**ADDITIONAL INFORMATION**

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

**CONTACT THE WATER DEPARTMENT FOR ROLL-OFF DELIVERY  
PHONE: (478) 953-3222**

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[business license, occupational tax certificate, or other document required to operate a business]  
as referenced in O.C.G.A. § 36-60-6(d), from \_\_\_\_\_  
[name of county or municipal corporation], the undersigned applicant representing the private  
employer known as \_\_\_\_\_ [printed name of  
private employer] verifies one of the following with respect to my application for the above  
mentioned document:

**1. Only fill out this section if the current date is on or before June 30, 2013. Select Only One.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

**2. Only fill out this section if the current date is on or after July 1, 2013. Select Only One.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 3 below.*
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

**3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number Date of Authorization

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In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:  
\_\_\_\_\_

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: