



City of Centerville, Georgia  
Home Based 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: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

CAN RECEIVE TEXT MESSAGES (CIRCLE ONE): YES NO

\*\* TEXT MESSAGES WILL ONLY BE SENT IN EMERGENCY SITUATIONS\*\*

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

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

DESCRIBE TYPE OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_ CENTERVILLE 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#: \_\_\_\_\_

**Please contact the City Clerks Office as soon as possible if there are any changes to this form.  
Thank you.**

**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**

.....

<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>EVICTON 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**

## **HOME BUSINESS LICENSE REQUIREMENTS**

**\*\*Only people who live in the home can be employees of the business\*\***

1. Complete home based business application
2. Write a letter to the attention of Mayor & Council – This letter must contain the following information:
  - a. Explain type of business you will be operating
  - b. State hours of operation & where customers would park
  - c. If you rent the home or belong to a homeowner's association, you must get permission by the owner in writing stating that it is alright for you to use the home as a place of business.
3. Attach all letters to your business license application
  - After application has been returned to City Hall, the location must be approved by fire, police, & building inspector.
  - Your letter & application will be reviewed & voted on at the monthly council meeting which is held on the first Tuesday evening of each month at 7pm in the council chambers.
  - It is not required for you to be present at the council meeting, but you are more than welcome to attend if you wish.
  - Application must be turned in the Friday prior to the next council meeting before 12 noon.

**Please contact the City Clerk's Office at 478-953-4734  
with any questions concerning the license process.**

**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

-----  
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 \_\_\_\_\_, 20\_\_\_ 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 \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
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: