



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: _____

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#: _____

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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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
EVICTON OR MOVING REMNANTS OR LOT CLEARING	PRICE ACCORDING TO SIZE \$25.00 MIN
LIMBS	PRICE ACCORDING TO SIZE
BRICK & CONCRETE	PRICE ACCORDING TO SIZE

**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 1st 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 1st 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 1st 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 1st 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: