



BUSINESS LICENSE RENEWAL APPLICATION

CITY OF CENTERVILLE
300 E. CHURCH STREET
CENTERVILLE, GA 31028
PHONE: (478) 953-4734 FAX: (478) 953-4797
admin@centerville.mgacoxmail.com

** Please fill out this form completely (PLEASE PRINT) and return it to the address below. **If you are no longer in business, please contact the City Clerk's Office.** Thank you for your prompt attention. **

- 1. **TYPE OF LICENSE APPLIED FOR (CHECK ONE):** _____ COMMERCIAL _____ HOME
- 2. **CHECK ONE FOR SPECIFIC BUSINESS LICENSE RENEWAL TYPE: COMPLETE CORRESPONDING SUPPORTING QUESTIONS ON PAGE 2**
 _____ GENERAL BUSINESS LICENSE _____ CONTRACTORS BUSINESS LICENSE
 _____ DAY CARE BUSINESS LICENESE _____ LIQUOR/CONVENIENT STORE BUSINESS LICENSE
 _____ NON-PROFIT BUSINESS LICENESE _____ SALON BUSINESS LICENSE

3. **NAME OF BUSINESS:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

LOCAL ADDRESS (IF DIFFERENT): _____

EXACT LOCATION OF BUSINESS: _____

PHONE NUMBER: _____ **MOBILE?** _____

CAN YOU RECEIVE TEXTS AT THIS NUMBER: _____ **YES** _____ **NO**

**** TEXT MESSAGES WILL ONLY BE SENT IN THE CASE OF EMERGENCIES****

4. **NAME OF BUSINESS OWNER:** _____

HOME ADDRESS OF OWNER: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DESCRIBE TYPE OF BUSINESS: _____

5. **PLEASE CHECK WHICH ADDRESS THE BUSINESS LICENESE SHOULD BE SENT TO:**

_____ **BUSINESS ADDRESS** _____ **HOME ADDRESS OF OWNER**

***** PLEASE READ THE FOLLOWING INFORMATION BEFORE ANSWERING QUESTION 6! *****

- A. **OWNERS OF A BUSINESS:** The owners of a business shall be counted as full time employees whether or not they receive a salary. Home businesses automatically have an employee.
- B. **FULL TIME EMPLOYEES:** Full time employees are those who work a minimum of 40 hours/week
- C. **PART TIME EMPLOYEES:** Part time employees will be converted to equivalent of a full-time employee by adding all the hours per week worked by all part time employees and dividing that number by 40. (Example: Four part time employees who 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.)

6. **AVERAGE NUMBER OF EMPLOYEES** Full Time: _____ Part Time: _____

General Business License Renewal Supporting Question:

IF MOBILE HOME BUSINESS/APARTMENT BUSINESS, # OF UNITS: _____

Contractors Business License Renewal Supporting Question:

STATE LICENSE #: _____ DATE OF EXPIRATION: _____

Daycare Business License Renewal Supporting Question:

SUBMIT A COPY OF YOUR BRIGHT FROM START CERTIFICATE

Liquor/Convenient Store Business License Renewal Supporting Questions:

PLEASE CHECK ALL THAT APPLY:

_____ ALCOHOL _____ TOBACCO _____ GAMING MACHINES # _____

PLEASE CHECK THE TYPE OF ALCOHOL YOU SELL:

_____ BEER _____ WINE _____ LIQUOR

NAME OF PERSON LISTED ON ALOCHOL LICENSE: _____

Non-Profit Business License Renewal Supporting Question:

5103-C #: _____

Salon Business License Renewal Supporting Question:

LIST OF COSMETOLOGISTS/BARBERS AND STATE LICENSES NUMBERS (USE ADDITIONAL PAGES IF NEEDED)

<u>COSMETOLOGIST/BARBER/ NAIL TECH</u>	<u>STATE LICENSE NUMBER</u>

******OFFICE USE ONLY ******

ID# _____ *LIC. NO. _____ * FEE \$ _____

If you have a state license (ex.) Contractors, Cosmetologists, Daycares, or anyone who sells Tobacco; we need a copy of your state license every year. Also, anyone who is considered Non-profit; we will need a copy of your 5013-C. Salons need to provide a list of cosmetologists working for salon and their state license number. Daycares need to provide Bright Start Certificate every year.