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# CITY OF CENTERVILLE

300 East Church Street

Centerville, Georgia 31028-1099

Phone: (478) 953-4734 Fax: (478) 953-4797

**Krista Bedingfield**  
City Administrator

**Lee Siefert**  
City Clerk

**Rebecca L. Tydings**  
City Attorney

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**Members  
Of  
Council**

**Robert D. Bird, Jr.**  
Post 1

**Post 2**

**Post 3**

**Edward Armijo**  
Post 4

## 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 City Clerk's Office – 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 home owners 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.
    - D. Include your telephone number & address in the letter
  - 3) Attach all letters to your business license application
- After application has been returned to City Hall, it will be reviewed for approval by the Fire, Police, Building Inspector & City Clerk departments.



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: \_\_\_\_\_

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

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

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

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

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

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

CAN RECEIVE TEXT MESSAGES (CIRCLE ONE): YES NO (TEXT MESSAGES WILL ONLY BE SENT IN EMERGENCY SITUATIONS)

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

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 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: \_\_\_\_\_

**\*\*PLEASE READ SECTION CAREFULLY AND ANSWER ALL THAT APPLY TO YOUR BUSINESS\*\***

**\*DAYCARE BUSINESS LICENSE SUPPORTING INFORMATION REQUIRED**

- CITY CLERK'S OFFICE WILL PROVIDE A LETTER TO APPLICANT TO SEND TO "BRIGHT FROM START" ONCE THE APPLICATION HAS BEEN SUBMITTED
- SUBMIT A COPY OF BRIGHT FROM THE START CERTIFICATE
- NUMBER OF CHILDREN \_\_\_\_\_ (MAX. ALLOWED IS SIX (6) CHILDREN)

**\*STORAGE REQUIREMENTS SUPPORTING QUESTION:**

- WILL THIS BUSINESS/APARTMENT BUSINESS, BE RECEIVING PACKAGES DAILY?  
YES or NO (CIRCLE ONE)
- WILL THERE BE CHEMICALS SHIPPED TO THIS BUSINESS LOCATION?  
YES or NO (Circle one)
- WHAT TYPES OF CHEMICALS: Gasoline\_\_\_\_\_ Other:\_\_\_\_\_ (LIST BELOW)  
\_\_\_\_\_  
\_\_\_\_\_
- HOW MANY DUMBS WILL BE OVER 55gals: #\_\_\_\_\_

**\*NON-PROFIT BUSINESS LICENSE RENEWAL SUPPORTING DOCUMENT REQUIRED**

- SUBMIT A COPY OF THE 5013-C CERTIFICATE

**\*SALON BUSINESS LICENSE RENEWAL SUPPORTING QUESTION:**

LIST OF COSMETOLOGISTS/BARBERS/NAIL TECHS WITH STATE LICENSE # AND EXPIRATION DATE

STATE LICENSE# \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**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.**

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**

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**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**

\*\*\*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 PRICING 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>FURNITURE</b>	<b>1<sup>st</sup> ITEM FREE, \$25.00 EACH ADDITIONAL ITEM</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>

**ROLL-OFF CONTAINERS ARE PROVIDED FOR THE FOLLOWING**

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<b>TREE REMOVAL</b>	<b>PRICE ACCORDING TO SIZE + LANDFILL CHARGES</b>
<b>CONSTRUCTION MATERIALS</b>	<b>SAME</b>
<b>ROOFING MATERIALS</b>	<b>SAME</b>
<b>REMODELING MATERIAL</b>	<b>SAME</b>
<b>DEBRIS FROM LOT CLEARING</b>	<b>SAME</b>

**CONTACT UTILITY 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, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check 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<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

**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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

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

\_\_\_\_\_  
Date of Authorization

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**I hereby declare under penalty of perjury that the foregoing is true and correct.**

**Executed on \_\_\_\_\_, \_\_\_, 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).**

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

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

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_.

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

\_\_\_\_\_  
<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



**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: