

BUSINESS LICENSE RENEWAL APPLICATION
CITY OF CENTERVILLE
300 E CHURCH ST
CENTERVILLE, GA 31028
PHONE: 478-953-4734 FAX: 478-953-4797
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****Please fill out form COMPLETELY (PLEASE PRINT) and return it to the address above. If you are no longer in business, please contact the City Clerk's Office. Thank you for your prompt attention****
Return by Jan. 13th, 2025

- Is this a _____ Commercial Business or a _____ Home Business

***Check one for the specific business license renewal type: Complete corresponding supporting questions on page 2**

_____ General Business License _____ Contractors Business License _____ Daycare Business License

_____ Liquor/Convenient Store Business License _____ Non-Profit Business License _____ Salon Business License

***Name of Business:**

***Mailing Address:**

***City:** _____ ***State:** _____ ***Zip Code:** _____

***Local Address (If Different):**

***Phone Number:** _____ ***Email:**

***Contact person/phone number (in case of emergency):**

***Name of Business Owner:**

***Owner's Address:**

***City:** _____ ***State:** _____ ***Zip Code:**

***Describe Type of Business:**

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

OWNERS OF A BUSINESS: The owners of a business shall be counted as a full-time employee whether or not they receive a salary. Home businesses automatically have an employee.
FULL TIME EMPLOYEES: Full Time employees are those who work a minimum of 40 hours per week
PART TIME EMPLOYEES: Two Part Time employees equal One Full Time Employee

AVERAGE NUMBER OF EMPLOYEES FULL TIME _____ PART TIME _____

***GENERAL BUSINESS LICENSE RENEWAL SUPPORTING QUESTION:**

IF THIS IS A MOBILE HOME BUSINESS/APARTMENT BUSINESS, # OF UNITS/LOTS

***CONTRATOR'S BUSINESS LICENSE RENEWAL SUPPORTING QUESTION:**

STATE LICENSE # _____ DATE OF EXPIRATION

***DAYCARE BUSINESS LICENSE RENEWAL SUPPORTING DOCUMENT REQUIRED**

SUBMIT A COPY OF BRIGHT FROM THE START CERTIFICATE

***LIQUOR/CONVENIENT STORE BUSINESS LICENSE RENEWAL SUPPORTING QUESTIONS:**

CHECK ALL THAT APPLY: _____ BEER _____ WINE _____ LIQUOR
_____ TOBACCO _____ GAMING MACHINES # _____ U-HAUL _____

NAME OF PERSON LISTED ON ALCOHOL LICENSE:

SUBMIT A COPY OF CURRENT TOBACCO AND GAMING LICENSES.

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

SUBMIT A COPY OF 5013-C CERTIFICATE

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

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

NAME	STATE LICENSE#	EXPIRATION DATE
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****FOR OFFICE USE ONLY****

ID# _____ LICENSE # _____ FEE \$ _____