

BUSINESS LICENSE RENEWAL APPLICATION
CITY OF CENTERVILLE
300 E CHURCH ST
CENTERVILLE, GA 31028
PHONE: 478-953-4734 FAX: 478-953-4797
rrhames@centervillega.org; adixon@centervillega.org
lsiefert@centervillega.org

****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 October 31, 2026**

- 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: _____

*Centerville Location Address (If Different From Above):

*Phone Number: _____ *Email: _____

*Emergency Contact Person & Phone Number:

*Name of Business Owner/Applicant:

*Owner's Address:

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

*Describe Type of Business:

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

_____ OWNER ADDRESS _____ CENTERVILLE BUSINESS ADDRESS

****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 _____

BUSINESS LICENSE RENEWAL SUPPORTING QUESTION:

***MOBILE HOME BUSINESS/APARTMENT BUSINESS, LIST THE # OF UNITS/LOTS:** _____

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

STATE LICENSE # _____ DATE OF EXPIRATION _____

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

- SUBMIT A COPY OF 5013-C CERTIFICATE

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

- SUBMIT A COPY OF BRIGHT FROM THE START CERTIFICATE
- # OF CHILD AT LOCATION _____

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

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

_____ GAMING MACHINES: (LIST NUMBER OF MACHINES) # _____

SUBMIT A COPY OF CURRENT COPY OF ALL STATE ISSUED ALCOHOL, TOBACCO AND GAMING LICENSES.

NAME OF PERSON LISTED ON ALCOHOL LICENSE: _____

***STATE LICENSE BUSINESSES PLEASE SUBMIT A COPY OF EACH STATE LICENSE ANNUALLY:**

- **SALONS** LIST ALL **COSMETOLOGISTS, BARBERS, NAIL TECHS**
- **BODY ART** IN **TATTOO ARTIST, PIERCING TECHS, MICROBLADING TECHS**
- **THERAPY** INCLUDING: ATHLETIC, BEHAVIOR, DIETITIANS, MASSAGE, MUSIC, OCCUPATIONAL, PHYSICAL & SPEECH
- **PHYSICIANS** INCLUDING: CHIROPRACTIC, OPTOMETRY, LONG-TERM CARE, NURSING, PSYCHOLOGY

STATE LICENSE # AND EXPIRATION DATE

NAME	STATE LICENSE#	EXPIRATION DATE

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

ID# _____ LICENSE # _____ FEE \$ _____