



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: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

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

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

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

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

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

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

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

\_\_\_\_\_ OWNER ADDRESS

\_\_\_\_\_ CENTERVILLE OWNER 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: \_\_\_\_\_

**\*\*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 \_\_\_\_\_ U-HAUL

**\*GAMING MACHINES:** YES or NO (Circle one) How Many# \_\_\_\_\_

NAME OF PERSON LISTED ON ALCOHOL LICENSE:

**SUBMIT A COPY OF CURRENT STATE ALCOHOL, 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



# Houston County Sheriff's Office Communications Division

200 Carl Vinson Pkwy  
Warner Robins, Ga 31088  
(478)542-9911  
Fax: 478-542-9917



## Business Emergency Contact Information

Providing this information to the Houston County E-911 Center allows us to better assist you in the event of an after-hours emergency (burglary, fire, open door, etc.) If you have any questions, please contact 478-542-9911.

Business Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Owner/Manager email: \_\_\_\_\_

In case of an after-hours emergency, Houston County 911 can contact the following:  
(Please include first and last name of the contact person)

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Mobile #: \_\_\_\_\_

### Additional Information:

(Any information or special instructions to better assist the Police Department, Fire Department or Emergency Medical Services in the event that there is an emergency at your business.)

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### AED Information:

Do you have an Automated External Defibrillator (AED) on the premises? If so, please provide the location of the AED within your business and if its available after hours.

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If at any time during the year you need to make changes to this information, please contact Sheena Cannon at 478-542-9911 or email [scannon@houstoncountyga.org](mailto:scannon@houstoncountyga.org). You may also access this form on our website [www.houstoncounty911.com](http://www.houstoncounty911.com) under the "Contact Us" tab.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**

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<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>EVICTON 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, \_\_\_\_\_, 202\_\_ 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: