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CITY OF CENTERVILLE

300 East Church Street
Centerville, Georgia 31028-1099

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

J. Micheal Evans
Mayor

Krista Bedingfield
City Administrator

Lee Siefert
City Clerk

Rebecca L. Tydings
City Attorney

**Members
Of
Council**

Robert D. Bird, Jr.
Post 1

Justin Wright
Post 2

Velicia Y. Lowe
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: _____



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.)

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.

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. You may also access this form on our website 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

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

WHITE GOODS	NO CHARGE
REFRIGERATORS / FREEZERS	\$35.00
AIR CONDITIONERS	\$35.00
FURNITURE	1st ITEM FREE, \$25.00 EACH ADDITIONAL ITEM
EVICTON OR MOVING REMNANTS OR LOT CLEARING	PRICE ACCORDING TO SIZE \$25.00 MIN
LIMBS	PRICE ACCORDING TO SIZE

ROLL-OFF CONTAINERS ARE PROVIDED FOR THE FOLLOWING

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

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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

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

(B) _____ On January 1st 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

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 20__ in Centerville (city), GA (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 _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____

¹ 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: