106 PARK STREET – P.O. Box 145-TENNILLE, GA 1089
Office: (478) 552 – 7875 FAX (478) 552 – 3470
WWW.TENNILLE-GA.GOV

BUSINESS LICENSE APPLICATION

☐ New Business ☐ Annual Renewal

EACH QUESTION MUST BE ANSWERED FULLY

1. BUSINESS INFORMATION

Legal Name of Business:

DBA / Trade Name (if different):

Business Location / Physical Address:

Mailing Address (if different):

Type of Company:

☐ Sole Proprietorship ☐ Limited Liability Company (LLC)

☐ Nonprofit ☐ Corporation

☐ Partnership ☐ Other _____

2. OWNER / CO-OWNER CONTACT INFORMATION

Primary Owner

Full Name: _____Title: _____

Home Address: _____

City / State / ZIP: _____

Phone: _____ Email: _____

Co-Owner

Full Name: _____ Title: _____

Home Address:_____

City / State / ZIP: _____

Phone: _____ Email: _____

Location (__) Leased (Provide copy of lease) (__) Owned (Evidence of Ownership)

3. OCCUPATIONAL TAX INFORMATION

Federal Tax ID #: _____

State Sales Tax #: _____

State License #: _____

4. HOURS OF OPERATION

Day	Opening Time	Closing Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Seasonal / Special Hours:_____

5. FEE SCHEDULE

Employee Category	Rate	Number of Employees	Subtotal
First 1–10 employees	$20.00 each	_____	$_____
11–20 employees	$18.00 each	_____	$_____
21–30 employees	$16.00 each	_____	$_____
31–40 employees	$15.00 each	_____	$_____
40 and up employees	$5.00 each	_____	$_____
Administration Fee	$25.00	—	$25.00
TOTAL FEES			**$**_____

Amount Paid: $_____**Payment Date:** _____

Receipt #: _____

6. BUSINESS ESTABLISHMENT

Types of Establishments — Business License Selection

Multiple services will require a separate Business License for each service.

☐ Retail / General Merchandise
☐ Grocery / Convenience Store
☐ Food Truck / Mobile Food Vendor
☐ Bar / Lounge / Entertainment Establishment
☐ Spa / Personal Care Services
☐ Professional Services
☐ Contractor / Construction Services
☐ Automotive Sales / Services / Repair
☐ Lodging / Hotel / Short-Term Rental
☐ Medical / Health Services
☐ Financial / Insurance Services
☐ Wholesale / Distribution
☐ Entertainment / Recreation
☐ Nonprofit / Community Organization
☐ Event Services / Venue
☐ Restaurant / Food Service
☐ Catering Service
☐ Beauty Salon / Barber Shop
☐ Fitness Center / Gym
☐ Business / Office Services
☐ Landscaping / Lawn Care Services
☐ Transportation / Delivery Services
☐ Daycare / Childcare Services
☐ Real Estate / Property Services
☐ Manufacturing / Production
☐ Agricultural / Farming Operation
☐ Home-Based Business
☐ Online / E-Commerce Business
☐ Other: _____

SERVICE DESCRIPTION

Describe the primary service or business activity for which this license is being requested:

Additional Service Offered:

Will the business provide any additional services requiring separate licenses?

☐ Yes ☐ No

If Yes, list each additional service:

Full and Detailed Description of Establishment

Provide a full and detailed description of the establishment, including the nature and purpose of the business, products or services offered, activities conducted at the location, type of customers served, number of employees, equipment or operations used, and any other information necessary to describe the business.

Future Plans

Describe any future plans for the business, including expansion, remodeling, additional employees, additional services or products, changes in business activities, additional locations, or other anticipated changes.

7. APPLICANT CERTIFICATION

I, the undersigned, certify that all the above information is true and correct to the best of my knowledge. I understand that this application is subject to review and approval by the Council and that the Business License must be approved when the business is opened and renewed annually. I further understand that any material change in the information provided may require notification to the appropriate authority and/or additional approval. Failure to provide complete and accurate information will result in denial of this application or revocation of your Occupational Tax Certificate.

Signature: _____

Printed Name: _____

Title: _____ **Date:** _____

8. COUNCIL APPROVAL

ALL Business Licenses must be approved by the Council when business is opened and when the Business License is renewed annually. Council review Business Licenses monthly.

Council Action: ☐ Approved ☐ Denied ☐ Approved with Conditions

Date of Council Meeting: _____ **Date Approved:** _____

License Effective Date : _____ **Expiration Date :** _____

Authorized Official: _____ **Title:** _____

Signature : _____ **Date :** _____

Conditions/Comments:

_____

_____

_____

_____

_____

Affidavit Verifying Status for City of Tennille Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Tennille, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A., Section 50-36-1, I am stating the following with respect to my application for the
(check one)

- ☐ City of Tennille Business Occupation Tax Certificate
- ☐ Alcohol License

If person is applying on behalf of a business, specify the NAME AND ADDRESS of the business:

_____

I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under OCGA *§* 50-36-1. Such documents are defined by OCGA *§* 50-36-2 and made available on the State Attorney General's website.

1) _____I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

If #2 is selected above, a copy of one of the following documents must be attached to the Affidavit.:

Unexpired foreign passport
Employment Authorization Card (I-766)
Refugee Travel Document (I-571)
Permanent Resident Card (I-551)
Reentry Permit (I-327)
Certificate of Citizenship
7. Naturalization Certificate
8. Machine Readable Immigrant Visa (w/Temp I-551 lang)
9. Temporary I-551 Stamp (on passport or I-94)
10. I-94 (Arrival/Departure Record) in unexpired foreign passport
11. Certificate of Eligibility for Nonimmigrant (F-1) Student Status(i-20)
12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)

I am 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 Code Section 16-10-20 of the Official Code of Georgia.

Company _____

Address _____

_____
Signature of Applicant Date

_____
Printed Name

THIS FORM MUST BE NOTARIZED

Sworn and subscribed before me on this the
_____day of_____ , 20____.

_____

Notary Public
My Commission Expires: _____

FOR OFFICE USE ONLY

Application Received By: _____

Date Received: _____ Business License #: _____

Occupational Tax Certificate #: _____

Total Fees Due: $_____

Total Fees Paid: $_____

Balance Due: $_____

Annual Renewal Date: _____

Notes:

_____

_____

_____

_____

_____

_____

_____