106 PARK STREET – P.O. BOX 145 – TENNILLE, GA 31089
Office: (478) 552-7875 Fax: (478) 552-3470
WWW.TENNILLE-GA.GOV

BUSINESS LICENSE APPLICATION

☐ **New Business** ☐ **Annual Renewal**

1. BUSINESS INFORMATION

Legal Name of Business:

_____

DBA / Trade Name (if different):

_____

Business Location / Physical Address: Is this location within the city limits? ☐ **Yes** ☐ **No**

_____

_____

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 (if applicable)

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 #: _____

E-Verify #: _____

If you do not have an E-Verify Number or do not know whether your business requires one, see e-verify.gov.

4. 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	_____	$_____
41 and up employees	$5.00 each	_____	$_____
Administration Fee	$25.00	—	$25.00
TOTAL FEES DUE			**$_____**

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

5. 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
☐ Other: _____

☐ 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

SERVICE DESCRIPTION

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

_____

_____

_____

_____

6. 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:** _____

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:

_____

_____

_____

_____

_____

7. COUNCIL APPROVAL

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:

_____

_____

_____

_____