



COLUMBUS CONSOLIDATED GOVERNMENT  
DEPARTMENT OF FINANCE  
REVENUE DIVISION-OCCUPATION TAX SECTION  
3111 CITIZENS WAY, COLUMBUS, GA 31906  
P. O. BOX 1397, COLUMBUS, GA 31902-1397  
PHONE: (706) 225-4100 / FAX: (706) 225-3780

**OFFICE USE ONLY**

ACCOUNT #

CERT. OF OCCUPANCY

**REQUEST/RENEWAL FORM FOR  
BUSINESS LICENSES**

Business Name: \_\_\_\_\_

Federal Identification #: \_\_\_\_\_ Sales Tax ID # \_\_\_\_\_

Physical Business Address: \_\_\_\_\_  
City State Zip

Business Mailing Address: \_\_\_\_\_  
(If different from above) City State Zip

E-Mail Address: \_\_\_\_\_

Business Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Business Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Select type of ownership and complete the information required.

**Sole Proprietorship**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ City State Zip

**Partnership**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ City State Zip

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ City State Zip

**Corporation**

Corporation Name: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ State: \_\_\_\_\_

**Dominant Line of Business:** \_\_\_\_\_

**Other Business Activities Performed:** \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION IN FULL BEFORE SUBMITTING.  
LICENSE CANNOT BE ISSUED WITHOUT A COMPLETED APPLICATION.**

Please answer **all** questions below.

Will this business be based and operated from your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this business be excluding patrons under 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

If answered Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Will this business be adult oriented (i.e. emphasis on depicting or describing specified sexual activity or specified anatomical areas)? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this business sell alcoholic beverages or allow them to be consumed on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this business be a restaurant charging a cover charge? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this business have an alarm system? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this business be using subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_

How many people will this business employ? \_\_\_\_\_

What are your estimated gross receipts for the current calendar year? \$ \_\_\_\_\_

**Professional Option**

For those businesses allowed the professional option, please indicate Gross Receipts \$ \_\_\_\_\_  
whether you wish to elect that option or pay the percentage on gross receipts. Professional Option \_\_\_\_\_

If you have elected the Professional Option, please indicate the total number of professionals? \_\_\_\_\_

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*I hereby attest that the above information is true and correct to the best of my knowledge.*

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date