



COLUMBUS CONSOLIDATED GOVERNMENT
 DEPARTMENT OF FINANCE
 REVENUE DIVISION-OCCUPATION TAX SECTION
 3111 CITIZENS WAY, 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/LLC

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.

- 1) Will this business be based and operated from your home? Yes _____ No _____
- 2) Will this business be adult oriented (i.e. emphasis on depicting or describing specified sexual activity or specified anatomical areas)? Yes _____ No _____
- 3) Will this business sell and/or serve any type of alcoholic beverages? Yes _____ No _____
- 4) If answered yes to Question 3, do you allow your customers/patrons to consume alcoholic beverages on premise? Yes _____ No _____
- 5) Will this business be a restaurant charging a cover charge? Yes _____ No _____
- 6) How many people will this business employ? Part-time _____ Full-time _____
- 7) What are your estimated gross receipts for the current calendar year? \$ _____

Professional Option

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

If you elected the Professional Option, please indicate the total number of practitioners? _____

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

Print Name

Title

Signature

Date