



COLUMBUS CONSOLIDATED GOVERNMENT
DEPARTMENT OF FINANCE
REVENUE DIVISION-OCCUPATION TAX SECTION
100 10TH STREET, P. O. BOX 1397
COLUMBUS, GA 31902-1397
PHONE: (706) 225-4100 / FAX: (706) 653-4091

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.

Owner

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?

Yes No

Will this business sell alcoholic beverages or allow them to be consumed on 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 whether you wish to elect that option or pay the percentage on gross receipts.

Gross Receipts _____

Professional Option _____

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

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

Print Name

Title

Signature

Date