

# BUSINESS LICENSE APPLICATION

CALENDAR YEAR 2020

Augusta Georgia Planning & Development  
1815 Marvin Griffin Road, Augusta GA 30906  
535 Telfair Street, 3rd Floor, Augusta GA 30901

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**Circle One:** New / Amended

**\*\*Report Changes in Location / Mailing Address Promptly** **COMPLETE ALL FIELDS** ← Please Type or Print in Ink\*\*

Date Started New Business: \_\_\_\_\_ Estimated Yearly Gross Revenue <sup>(1)</sup>: \$ \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(Complete Mailing Address – City, State, Zip Code)

→ Physical Location: \_\_\_\_\_  
(Complete Street Address – No PO Box – City, State, Zip Code)

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

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

Certification: The information herein as required by Augusta Georgia Code Part II, Chapter 8, Section 6-27.1. The applicant of the business firm named, do hereby register to operate said business with dominant business activity of **{What Kind Of Business Will This Be <sup>(2)</sup>? Please Be Specific.}** \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_

Last 4 SSN (Required): \_\_\_\_\_ Primary Contact Number: \_\_\_\_\_

Officer's Name and Address: \_\_\_\_\_

Last 4 SSN (Required): \_\_\_\_\_ Officer's Position / Title: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Local Contact Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

→ Number of Decals: \_\_\_\_\_ (Transportation / Contractors / Vending) Number of Employees (Company): \_\_\_\_\_

→ Federal Tax ID: \_\_\_\_\_ State Tax ID: \_\_\_\_\_

In accord with the Business Ordinance of Augusta Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this application, including the accompanying schedules and statements and that the same are true, correct, and complete

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>(1)</sup> Professionals and certain practitioners have the option of paying **\$400** Professional Fee per practitioner in lieu of reporting gross receipts. Check with the Business Tax Office to determine eligibility for this option. Number of Professionals: \_\_\_\_\_

**Please Read and Initial each statement below:** →

\_\_\_\_\_ All business licenses expire December 31<sup>st</sup> each year. It is the responsibility of the business owner to renew the license before January 31<sup>st</sup> each year to avoid late fee penalties.

\_\_\_\_\_ All renewal applications are due prior to October 31<sup>st</sup> each year to avoid Failure To Submit Required Paperwork penalties.

\_\_\_\_\_ I understand the penalty fees will not be dropped for my failure to make timely reports.

## FOR BUSINESS LICENSE OFFICIAL USE ONLY

Account # : \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Zoning: \_\_\_\_\_ SIC Code: \_\_\_\_\_ Tax Class: \_\_\_\_\_ Entered By: \_\_\_\_\_