



We grow business sweeter

**CITY OF BYRON, GEORGIA**  
**APPLICATION FOR OCCUPATIONAL TAX LICENSE**

401 Main Street Byron, Georgia 31008  
Office 478-956-3600 Fax 478-956-5299  
[elee@byronga.com](mailto:elee@byronga.com)

**\*\*\*IMPORTANT\*\*\***

**Please note that a renewal application must be completed EACH YEAR even if all information remains the same.**  
**The Business License Division cannot process incomplete applications.**  
**If any items are missing, incomplete or incorrect your application will be returned.**  
**A new business application is required if business address or ownership changes.**  
**Written notification must be given to the city upon the closing of your business.**

New  
 Renewal  
 Change  
(choose one)

**SECTION 1: BUSINESS INFORMATION**

Federal Employer Identification # _____	State License Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes License Number: _____
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Business Name(DBA): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Physical Address: \_\_\_\_\_ Own or Lease Property \_\_\_\_\_

Leased Locations Please Provide: Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Type of Business: \_\_\_\_\_  
(Retail please provide merchandise detail)

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_ Total Employees: \_\_\_\_\_

If you have 10 or more Full Time Employees provide E-Verity Number: \_\_\_\_\_

SECTION 2:

CONTACT PERSON AND OWNER'S INFORMATION

Ownership Status:  Sole Owner  Partnership  LLC  Corporation ( please check and complete only one )

**SOLE OWNERSHIP:**

Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PARTNERSHIP: Please provide information for all owners**

Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Co-owner: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**LLC:**

Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**CORPORATION:**

Name of President: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SECTION 3:

CERTIFICATION

Please note: Home occupations are permitted in a completely enclosed building provided that: All business is conducted by phone, including the internet; no customer or commercial traffic at or to the residence is involved; and there are no advertising signs or commercial vehicles at the residence.

\*\*\*\*\*Restaurant owners must submit a copy of Health Permit\*\*\*\*\*

I, the undersigned, do hereby register to operate said business within the City of Byron in accordance with the City of Byron business ordinance. I certify that I am the person duly authorized by the business herein named to file this return, including accompanying affidavit(s). In addition, I certify that all information provided is true and correct.

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

Applicant's Printed Name: \_\_\_\_\_ Applicant's Title: \_\_\_\_\_

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

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ EE initials: \_\_\_\_\_ Date sent for approval: \_\_\_\_\_

Department Approval: \_\_\_\_\_ P&Z \_\_\_\_\_ FD \_\_\_\_\_

Please approve and email this page within 3 to 5 business to [elee@byronga.com](mailto:elee@byronga.com)

ID#: \_\_\_\_\_ License#: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

E-Verify status: \_\_\_\_\_