



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

tsandefur@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: \_\_\_ Yes \_\_\_ No

If Yes License Number: \_\_\_\_\_

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 [tsandefur@byronga.com](mailto:tsandefur@byronga.com)

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

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