



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

Please submit this application to 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: 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 _____

ID#: _____ License#: _____ Processed by: _____ Date: _____

E-Verify status: _____

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