

**2024**

**City of Danielsville**

**BUSINESS LICENSE** **RENEWAL**

P.O. Box 339, 10 Government Circle

Danielsville, Georgia 30633

Phone: (706) 795-2189

Website: [www.cityofdanielsville.us](http://www.cityofdanielsville.us)

*Please PRINT and fill out application c completely.*

Business Name: (d/b/a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

911 Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN or SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title (Owner/Officer/Agent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Commercial Site □ Home Office □ non-Permanent

 What type of business do you operate?

* Sole Proprietorship - Need a Copy of Driver’s License for sole proprietor & Trade Name Registration
* Legal Partnership - Need a Copy of Driver’s License for all partners & Trade Name Registration
* S or C Corporation - Need a Copy of Driver’s License for Business Contact Person & Secretary of State Registration
* Limited Liability (LLC)- Need a Copy of Driver’s License for Business Contact Person & Secretary of State Registration
* Are you required to have a State of Georgia Professional/ Trade License or Business Registration and or Federal Licensing?

 □ YES □ NO *If yes, attach a current copy. We cannot process your application without a copy of your current license. (Example: physicians, attorneys, CPA, contractors, real estate/insurance agents, cosmetologists, therapist, chiropractor, used auto dealers, etc.)*

* **Does your business operation require any State Permits, Registration and/or Tax Requirements regulated by GA Dept of Revenue, Dept of Agriculture, Dept of Public Health, Dept of Public Safety, etc.?**

***[Check all that apply & supply a copy of each]***

* + Georgia Sales & Use Tax Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Georgia Lottery Participate □ Tobacco □ Alcohol
	+ Food Safety (Convenient Store Deli) □ Live Plants □ Fuels & Measurements
	+ Food Service Permit (Restaurant) □ Private Septic System on Property
	+ Household Movers Certificate
* Do you or your business owe any delinquent utility accounts, real or personal property taxes to the city or county? □ YES □ NO

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), being the: \_\_ OWNER \_\_ OFFICER \_\_ AGENT

Certify that all information contained herein is true and correct. I understand that Renewal Licenses purchased after February 28th will be assessed “Late Fee” and “Failure to Obtain” penalties, furthermore failure to obtain/renew business license: 10% Late Fee Penalty & Fine of $200.00 per City of Danielsville Ordinance Violation Fine Schedule.

**Signature of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Official Use Only*:** Application Complete: □ YES □ NO City Clerk Approval: License Certification Issued On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Fee Enclosed $\_\_\_\_\_\_\_ Payment Type: Cash Check CC MO Ref #\_\_\_\_\_\_\_\_\_

SAVE Affidavit \_\_\_\_ E-Verify Affidavit Copy of Photo ID Professional License

**City and County Taxes Paid in Full: \_\_\_\_\_\_\_\_\_**

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Received:

**DATE RECEIVED**