



# CITY OF AMERICUS

## BUSINESS LICENSE INFORMATION & FACT SHEET

### NEW BUSINESS REQUIREMENTS

Congratulations! You have made the decision to open a new business, and we are excited that you would like to open your business in the City of Americus. The following items are the requirements you will need to complete in order to obtain your Business License to operate your business within the City of Americus.

#### 1. Business License Application

Complete the attached Business License Application or you may obtain a Business License Application from the Customer Service Department of the City of Americus located at 1404 East Forsyth Street and operating hours are 8:00 a.m.-4:00 p.m. Monday through Thursday and 8:00 a.m.-5:00 p.m. on Fridays.

#### 2. Sign Permit Application/Sign Ordinance

A sign ordinance was adopted by the Mayor and Council of the City of Americus in 1988. The ordinance establishes rules and regulations regarding ALL signs within the Corporate limits of the City (location, size, use, permit fees, etc.). Changing or moving of signs will require a sign permit. Mobile and temporary signs are licensed on a three month basis and must be registered as such. Sign Permit Application is attached. Additional sign permit applications and complete copies of the ordinance are available from the Building Risk Department at the Municipal Building.

#### 3. Alcoholic Beverage License Application

If your new business involves the retail sale (on or off premise) of any type of alcoholic beverage, you must obtain an additional license. Alcoholic Beverage licenses are granted by the Americus Police Department located at the Public Safety Building at 119 South Lee Street. An Alcoholic Beverage License Application is attached, if applicable for your business. Submit completed application to the Customer Service Department.

#### 4. Certificate of Occupancy

A Certificate of Occupancy is required by the Building Risk Department before the Business License can be given in the following situations:

- (a) New Construction
- (b) Remodeled building so as to affect height or the size of the yards
- (c) Change in the TYPE of occupancy or use of the premises
- (d) New business
- (e) Any other nonconforming use not listed

#### 5. Business Inspection

Prior to a Certificate of Occupancy being issued, a full inspection of the business is required by the Building Risk Department. The Building Risk Management Department will schedule the required business inspection. The following items must be completed in order to receive the needed Certificate of Occupancy.

1. Business Address Must Be Posted
2. Exit Lights Required
3. Emergency Lights Required
4. Smoke Detectors Required
5. Monitored Fire Alarm System
6. Fire Extinguishers Required
7. Suppression System for Vent Hood Required, if applicable for business type
8. Sign Permit Required
9. Backflow Device Required/Tested
10. Trash and Debris Removed from Property as Required
11. Paint and Repair Building as Required
12. Handicapped Accessibility Require



## CITY OF AMERICUS BUSINESS LICENSE INFORMATION & FACT SHEET

### What do I need to know about opening a new business in the City of Americus?

All businesses operating within the City limits must hold a valid business license. In order to remain valid, the license must be renewed each year. The Finance Department mails the renewal applications to all active businesses on or about January 15<sup>th</sup> each year. The renewal application is due back by January 31<sup>st</sup>. Once the City processes the returned applications, invoices are mailed and remittances are due back by March 15<sup>th</sup> each year. In order to obtain a business license, your accounts with the City cannot be past due or delinquent. These accounts include utilities, taxes, and community development loans.

### Do I need to obtain any additional licenses from the state to operate my business?

Some types of businesses will have to obtain licenses from the federal government to operate, while other businesses, occupations and professions are also licensed and regulated by the state and local authorities. The First Stop Business Guide booklet provides contact information for a number of state agencies that have various licensing and registration requirements. Visit the website at [www.sos.state.ga.us/firststop/](http://www.sos.state.ga.us/firststop/) or contact the Secretary of State's office at 1-800-656-4558.

### What are the normal business hours for the business license department?

The Customer Service Department is located at 1404 East Forsyth Street and operating hours are 8:00 a.m.-4:00 p.m. and 8:00 a.m.-5:00 p.m. on Fridays. Representatives can also be reached by phone (229) 924-4411 or fax (229) 924-4027 Monday through Friday from 8:00 am to 5:00 pm.

### Do I need to have my business license renewed every year?

#### How do I renew my business license?

Yes, in order for a business to remain valid, the business license must be renewed each year. Renewals are due on/before January 31<sup>st</sup> with payment due by March 15<sup>th</sup> of each year. Renewal applications are mailed to all business owners on/before January 15<sup>th</sup> of each year. If you failed to receive a renewal application by mail, please contact the Customer Service Department at (229) 924-4411.

### Does the City apply late fees or penalties to business license?

A one time 10% penalty is added for past due balances and a 1.5% interest charge will be added monthly until license is renewed.

### Can I run a business out of my home?

Yes. You can run a business out of your home with the proper paperwork.

### What do I need to do to start a business in a commercial location in the City?

A Certificate of Occupancy is required for all new and existing businesses located in the City of Americus. Businesses that are changing names, changing ownership, or moving to a new location must also obtain a Certificate of Occupancy. This certificate is required before you can legally occupy a building and conduct business operations. The owner MUST contact the Building Risk Management Department to obtain a Certificate of Occupancy (229) 924-4411. You MUST obtain a Certificate of Occupancy prior to the business license being approved.

### If my business is located outside the City, do I need a business license to do business inside the City limits?

Yes. If you are operating a business within the City limits, you must show proof of a valid business license issued from another State of Georgia jurisdiction.

### Contact Information:

-BUSINESS LICENSE APPLICATION FAQ'S  
-ALCOHOLIC BEVERAGE APPLICATION FAQ'S  
-BUSINESS INSPECTION FAQ'S  
-CERTIFICATE OF OCCUPANCY FAQ'S

City of Americus Customer Service Department: 229.924.4411  
City of Americus Police Department: 229.924.4494  
City of Americus Building Risk Management Department: 229.924.4411  
City of Americus Building Risk Management Department: 229.924.4411



# BUSINESS AND OCCUPATION TAX RETURN CITY OF AMERICUS

101 WEST LAMAR ST, AMERICUS, GA 31709  
Calendar Year 2012

## NEW LICENSE APPLICATION

CHECK HERE IF THERE ARE CHANGES TO THE FOLLOWING INFORMATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

OWNER/OPERATOR NAME: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

WILL THE BUSINESS NEED AN ALCOHOLIC BEVERAGE LICENSE? \_\_\_\_\_ WHAT TYPE? \_\_\_\_\_

WILL THE BUSINESS BE SERVING FOOD? NO \_\_\_\_\_ YES \_\_\_\_\_ (If YES, please specify below:)  
Pre-Packaged Food \_\_\_\_\_ Department of Agriculture Validation \_\_\_\_\_ Preparing Food \_\_\_\_\_ Sumter County Health Department Validation \_\_\_\_\_

STATE LIC # \_\_\_\_\_ DATE BUSINESS OPENED: \_\_\_\_\_

STATE SALES TAX # (required if applicable) \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

EMERGENCY INFORMATION: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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ANTICIPATED GROSS RECEIPTS FOR 2012 \$ \_\_\_\_\_

(Certain occupations and practitioners have the option of paying \$400 per practitioner in lieu of reporting gross receipts. If you are eligible for this option and choose to do so, complete the following:)

PROFESSIONAL FLAT FEE OPTION \$400 \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

(Complete for both Gross Receipts and Professional flat fee options)

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I hereby certify that the above information is correct and furthermore, that the gross receipts figure includes the full and true amount of the gross sales, receipts, premiums, commissions or other income from the conduct of the business without any deductions whatsoever except sales and excise taxes. I do further certify that I am the person duly authorized by the business herein named to file this return.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE  
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ACCOUNT NUMBER	SIC NO	TAX CLASS	LICENSE AMOUNT
Finance Department Approval _____			Date _____
Building Risk Management Zoning Approval _____			Date _____
Zoning Classification _____			
Building Risk Management Inspection Approval _____			Date _____
Public Works Department Approval _____			Date _____
If Alcoholic Beverage is required, Finance to Copy Police Department _____			



# CITY OF AMERICUS

## ALCOHOLIC BEVERAGE LICENSE APPLICATION

### BEER, WINE, LIQUOR, CATERING

Date Paid \_\_\_\_\_  
License Fee \_\_\_\_\_  
Investigation Fee \_\_\_\_\_  
Fingerprint Fee \_\_\_\_\_

#### TYPE OF LICENSE

On-Premise \_\_\_\_\_ Off-Premise \_\_\_\_\_  
Beer - \$250.00 \_\_\_\_\_ Wine - \$300.00 \_\_\_\_\_ Liquor - \$2,500.00 \_\_\_\_\_  
Other: Catering - \$500.00 \_\_\_\_\_ Distillery - \$4,000.00 \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_

#### APPLICANT'S PERSONAL HISTORY

Full Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ **COMPLETE AFFIDAVIT**  
Place of Birth: \_\_\_\_\_  
Present Mailing Address: \_\_\_\_\_  
Length of time at Present Address: \_\_\_\_\_ If less than 1 year, list all residences for the past year:  
1.) \_\_\_\_\_ 2.) \_\_\_\_\_  
Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse's Address: \_\_\_\_\_

#### APPLICANT'S EMPLOYMENT HISTORY FOR THE PAST 5 YEARS

Present Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

## APPLICANT/BUSINESS RELATED QUESTIONS

1. Is this business a partnership or Corporation? If yes, list the name, address, date of birth, and age of all partners or officers and stockholders:

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2. Is any other person directly or indirectly interested in the profit or losses, or both, of this business? If yes, list all interested parties:

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3. Has any partner, in the case of a partnership or any officer or stockholder, in the case of a corporation, been arrested or convicted of a crime? If yes, list the name of the partner, officer or stockholder arrested or convicted, also the date and offense of their arrest or conviction, and the place where arrest or conviction occurred:

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4. Has any partner, in the case of a partnership or any officer or stockholder, in the case of a corporation ever had an Alcoholic Beverage License for any municipality, State Government or Federal Government? If yes, when and where was the license issued?

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List the name, address, age and number of the managing partner or designated corporate agent:

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## CRIMINAL HISTORY

Have you ever been arrested? \_\_\_\_\_YES \_\_\_\_\_NO If YES, list all dates, places, & charges:

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Have you ever been convicted of a crime? \_\_\_\_\_YES \_\_\_\_\_NO If YES, list all convictions and the locations:

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## MILITARY RECORD

Branch of Service: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Date of Service: \_\_\_\_\_

## BUSINESS DATA

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

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

Business Phone # Day: \_\_\_\_\_ Emergency Recall: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Restaurant \_\_\_\_\_ Club Tavern \_\_\_\_\_ Other-Specify \_\_\_\_\_

1. Do you own the property from which you operate this business? \_\_\_\_\_ YES \_\_\_\_\_ NO If NO, list the owner's name, address and phone #: \_\_\_\_\_
2. Are you licensed to sell beer or wine at any other location? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, list other location(s): \_\_\_\_\_
3. Have you previously been licensed to sell beer, liquor or wine in Americus? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, list all previous locations and dates: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ being first duly sworn, do on oath say all information set forth in the Beer/Wine/Liquor application is true and correct, and I will obey all laws of the State of Georgia and ordinances of the City of Americus relative to the handling and sale of Beer/Wine/Liquor.

Signed \_\_\_\_\_

Sworn to subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public-State of Georgia

\_\_\_\_\_  
Finance Officer

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Enforcement Officer



# CITY OF AMERICUS

## AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Americus, Georgia Business License or Occupation Tax Certificate, Alcohol License, Housing Loan or Grant, Business Loan or Grant, or as an employee of the City of Americus, or as a contractor doing business with the City, or an applicant for other public benefit as referenced in O.C.G.A Section 50-36-1, I am stating the following with respect to my application to the City of Americus:

\_\_\_\_\_  
Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity

1)\_\_\_\_\_ I am a United States citizen

**OR**

2)\_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or 18 years of age or older and a non-immigrant under the Federal Immigration and Nationality Act and I am lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant    Date

\_\_\_\_\_  
Printed Name

\* \_\_\_\_\_  
Alien Registration Number for Non-citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

Notary Public:

My Commission Expires:

\*Note: O.C.G.A. section 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 USC, as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

**ATTACH COPY OF PICTURE ID (IF CITIZEN) OR REGISTRATION  
CARD (IF NOT) (front & back)**



State of Georgia  
**Department of Revenue**  
1800 Century Boulevard  
Atlanta, Georgia 30345

**Official Addendum to Business Occupancy License Application**

**Required Fields**

**Name of Business (Legal Name or Trade Name):**

**Mailing Address if Different From the Physical Address:**

**Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:**

**Sales Tax ID #, if Your Business is Required to Have One by Law:**

**Applicable North American Industry Classification System Code Number (Please list all NAICS):**

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.





# CITY OF AMERICUS SIGN PERMIT APPLICATION

## Building Risk Management Department

101 West Lamar Street

Americus, Georgia 31709

229.924.4411 x239

www.cityofamericus.net

Date \_\_\_\_\_

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(Location of Sign)

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Company or Person to Construct Sign \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Zoning Classification \_\_\_\_\_ Types of Signs \_\_\_\_\_

Width of Store Frontage \_\_\_\_\_

Historic District YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, please see Downtown Development Department

Applications for signs in the Historic District are required to be submitted no later than the 1st Thursday of the month.

Exact size of each sign, including height, length and width and lettering size:

1. \_\_\_\_\_

2. \_\_\_\_\_

Cost of Sign(s) \_\_\_\_\_

I do hereby submit this application for a sign permit at the address listed above.

**SIGN PERMIT FEES MAY BE DOUBLED IF SIGN IS INSTALLED PRIOR TO A PERMIT BEING ISSUED.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Attach the following:

1. Sketch or drawing of sign(s) indicating location and placement of each sign on building or property, including dimensions, exact wording, letter size (in inches), logo.
2. List of materials.
3. Photos of building or site with location of all signage noted.
4. Electrical plans and specifications if illuminated.

DO NOT WRITE BELOW THIS LINE

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Building Risk Management Dept. Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Historic Preservation Commission Action (if in Historic District):**

Signature \_\_\_\_\_ Date \_\_\_\_\_



# CITY OF AMERICUS CONSENT FORM

## Americus Police Department

119 South Lee Street

Americus, Georgia 31709

229.924.3677

www.cityofamericus.net

EFFECTIVE-EFFICIENT-PROFESSIONAL

**\*THERE IS A \$10.00 CHARGE FOR ALL CRIMINAL BACKGROUND CHECKS**

I hereby authorize \_\_\_\_\_ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

### PLEASE PRINT INFORMATION

Full Name (print) \_\_\_\_\_

Address (print) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip Code) \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

REASON FOR CHECK \_\_\_\_\_

NAME OF COMPANY REQUESTING CHECK \_\_\_\_\_

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code 'M')
- ☐ Employment with elder care (Purpose code 'N')
- ☐ Employment with children (Purpose code 'W')

One of the following must be checked:

- ☐ This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- ☐ I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

### FOR AMERICUS POLICE DEPARTMENT OFFICIAL USE ONLY:

OPERATOR NAME/BADGE NO \_\_\_\_\_

- ☐ HAS CRIMINAL HISTORY
- ☐ NO CRIMINAL HISTORY