



**Coweta County, Georgia**  
**Commercial / Special Use Application**  
(Please allow up to two weeks to process applications)

**New Applications** All forms must be filled out completely, including mailing and business addresses and all available phone/fax/email information. Currently we do not accept applications by mail. \$35.00 ADM FEE

**Purchase of existing business** If you have purchased an existing business, the prior business owner must close out their business and pay all associated taxes in full prior to the issuance of the new owner's Business License. No exceptions!

**The following must be checked off and included with the original, signed application:**

- Pg. 2 - Completed Application
- Pg. 3 - Completed Business Contacts Listing
- Pg. 4 - Approval from the Coweta County Business License, Zoning, Building and Fire Departments
- Pg. 5 - Coweta County 911 Emergency Listing Information
- Pg. 6 - Notarized - Public Benefit Affidavit O.C.G.A. § 50-36-1(e) (2)
- Pg. 7 –Notarized - Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)
- Copy of owner's driver's license (if more than one owner, attach a list with all contact information for each additional owners.)
- Copy of signed lease, buyer's agreement, closing statement or taxes paid statement for business location
- If you charge sales tax on products sold - Copy of Sales Tax ID certificate / Phone 877-423-6711 or <http://dor.georgia.gov/georgia-tax-center-info>

**OR**

- If you are providing a service - Copy of FEIN paperwork / 800-829-4933 or <https://www.irs.gov/>

**Copies of the following must be checked off and provided if applicable to the license being issued:**

- |  |  |
|--|--|
| <input type="checkbox"/> State License (if required by the State of Georgia)                               | <input type="checkbox"/> Health Inspection Certificate (Health Dept. 770-254-7422) |
| <input type="checkbox"/> Incorporation Letter<br>(Required for corporations, closed corporations or LLC's) | <input type="checkbox"/> Dept. of Agriculture Inspection (404-656-3645)            |
|  | <input type="checkbox"/> Amber Light Permit  |

**Contact Information:**

Business License Information	Joy Thompson	770-254-2626
Zoning Department	Ben Sewell / Teresa Crow	770-254-2635
Building Inspection	Tina Chamberlain	770-254-2660
Fire Marshall	Blaine Shirley / Enrico Dean	770-254-3900

**NEW APPLICATION**

**Number of Employees** \_\_\_\_\_

Please Fill In All Information COMPLETELY  
Please Type or Print With Ball Point Pen

CALENDAR YEAR \_\_\_\_\_  
PENALTY FOR FAILURE TO FILE RENEWAL BY APRIL 15th EACH YEAR

GEORGIA SALES TAX NUMBER	STATE LICENSE NUMBER
FEIN	E-VERIFY NUMBER

BUSINESS NAME:		BUSINESS LOCATION STREET ADDRESS and ZIPCODE (Not PO Box)		BUSINESS DESCRIPTION:
MAILING/CONTACT INFORMATION FOR BUSINESS →	ATTENTION:	BUSINESS MAILING ADDRESS, CITY, STATE, ZIPCODE (if different)		BUSINESS PHONE #
	ADDITIONAL CONTACT →	BUSINESS FAX #	BUSINESS WEB ADDRESS	EMAIL
LICENSEE TYPE: CHECK ONE →	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> OTHER	PRINCIPAL OFFICE AND CORPORATE NAME	STREET OR PO BOX	CITY, STATE, ZIPCODE
PLEASE PROVIDE COPY OF DRIVERS LICENSE AND CITIZENSHIP AFFIDAVITS FOR ALL OWNERS, PARTNERS AND MEMBERS	OWNER NAME	STREET	CITY, STATE, ZIPCODE	PHONE #
	OWNER NAME	STREET	CITY, STATE, ZIPCODE	PHONE #
	OWNER NAME	STREET	CITY, STATE, ZIPCODE	PHONE #

In Accordance with the business ordinance, Coweta County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and that the information contained in these documents are true, correct and complete. I hereby make application for an Occupational Tax Certificate to conduct the above-described business in the County. I understand that approval must be obtained from the departments having the authority prior to issuance of the certificate. By signature below, I do solemnly swear, subject to criminal penalties for false swearing, that information contained in the application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

Owner's Signature \_\_\_\_\_

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

## Contacts Listing

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

Owner's Name & Home Address \_\_\_\_\_

Owner's Phone/Cell/Email \_\_\_\_\_

Manager's Name & Home Address \_\_\_\_\_

Manager's Phone/Cell/Email \_\_\_\_\_

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**Corporation/Limited Liability Company (if applicable)**  
PLEASE ATTACH COPIES OF THE ARTICALS AND CERTIFICATE

Corporation/LLC Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ President \_\_\_\_\_

President's Home Address & Phone \_\_\_\_\_

Date of Incorporation/LLC \_\_\_\_\_ State of Incorporation/LLC \_\_\_\_\_

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**Partnership (if applicable)**

Partner's Name & Address \_\_\_\_\_

Partner's Home Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_

Partner's Name & Address \_\_\_\_\_

Partner's Home Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_

**COMMERCIAL BUSINESS / SPECIAL USE BUSINESS APPROVAL FORM**

**\*\*FORM MUST BE APPROVED "IN ORDER" BEFORE APPLYING FOR A COMMERCIAL / SPECIAL USE LICENSE\*\***

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

**Business Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Purposed type of business activity at this location** \_\_\_\_\_

**Map or Parcel number of Property** \_\_\_\_\_

**Business Owner's Name and contact number** \_\_\_\_\_

**Complex name (if applicable)** \_\_\_\_\_

**Will construction or renovation be required?** \_\_\_\_\_ Yes \_\_\_\_\_ No     **Alcohol Sales?** \_\_\_\_\_ Yes \_\_\_\_\_ No

<p><b>1) Business Tax Department</b> 22 East Broad Street Newnan, GA 30263 770-254-2626</p> <p><b>Date of last license issued:</b> _____</p> <p><b>Type of Business:</b> _____ _____ _____ _____ _____</p> <p><b>Signature</b> _____</p> <p><b>Date</b> _____</p>	<p><b>2) Zoning Department</b> 22 East Broad Street RM# 222 Newnan, GA 30263 770-254-2635</p> <p><input type="checkbox"/> Approve    <input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Ownership Change ONLY</p> <p><b>Notes:</b> _____ _____ _____</p> <p><b>Form #</b> _____</p> <p><b>Signature</b> _____</p> <p><b>Date</b> _____</p>	<p><b>3) Fire Department</b> 483 Turkey Creek Road Newnan, GA 30263 770-254-2619</p> <p><input type="checkbox"/> Approve    <input type="checkbox"/> Denied</p> <p><b>Notes:</b> _____ _____ _____</p> <p><b>Occupancy Load for Alcohol Sales</b> _____</p> <p><b>Signature</b> _____</p> <p><b>Date</b> _____</p>	<p><b>4) Building Department</b> 4 Madison Street Newnan, GA 30263 770-254-2660</p> <p><input type="checkbox"/> Approve    <input type="checkbox"/> Denied</p> <p><b>Notes:</b> _____ _____ _____</p> <p><b>Signature</b> _____</p> <p><b>Date</b> _____</p>
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**EMERGENCY BUSINESS LISTING INFORMATION**

DATE: \_\_\_\_\_

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

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

BUSINESS PHONE: \_\_\_\_\_

BUSINESS CONTACT/MANAGER: \_\_\_\_\_ PHONE # \_\_\_\_\_

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

NAME AND TELEPHONE NUMBER OF ALARM COMPANY: \_\_\_\_\_

NORMAL HOURS OF OPERATION: \_\_\_\_\_

Is there an Automatic External Defibrillator (AED)?       YES       NO      If yes:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Location of AED: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT  
(AT LEAST THREE PEOPLE AT DIFFERENT LOCATIONS WITH PHONE NUMBERS)**

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

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

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please notify us as soon as possible if any of the above information changes\*\***

O.C.G.A. § 50-36-1(e)(2) S.A.V.E Affidavit

By executing this affidavit under oath, as an applicant for a(n) other public benefit (Business/Alcohol License), as referenced in O.C.G.A. § 50-36-1, from Coweta County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

- Driver's License
- Social Security Card
- Green Card
- Passport / Visa (US only)
- Perm Resident Card
- Other \_\_\_\_\_

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 a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Business

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_,

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

**E-VERIFY AFFIDAVIT**

**Coweta County E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n) Coweta County Business License as referenced in O.C.G.A. § 36-60-6(d), from Coweta County, the undersigned applicant representing the private employer known as **(PRINT BUSINESS NAME)** \_\_\_\_\_

verifies by selecting one of the following with respect to my application for the above mentioned document:

**(COMPLIANCE) (If the employer selected 1(a) please fill out Section below, date and sign)**

- 1. (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed more than ten (10) employees.

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
E-Verify number, which consists of four to six numerical characters

\_\_\_\_\_  
Date of Authorization

**(EXEMPT) (If the employer selected 2(b) please date and sign)**

- 2. (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed ten(10)-zero(0) employees.

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 a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: