Business License Amended Application
Occupational Tax Amended Application
Planning & Development Department
Licensing Division
pddtechs@augustaga.gov
706-312-5050 Option 1

Residential Division:
1803 Marvin Griffin Rd,
Augusta, GA 30906
Commercial Division:
535 Telfair St Suite 300,
Augusta, GA 30901

Business License Number (Office Use Only): _____

Business License Amended Application

Business Legal Name: _____
If registered with the Georgia Secretary of State, a copy of the current year registration is required. Out of state businesses must register as s foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Doing Business As: _____
If different than the business legal name, list the name used to conduct business. The appearance of the name on the business license does not secure or protect the use of the name exclusively to your business. The Augusta-Richmond County Clerk of Court's office is the governing authority for registration of doing business as or trade names. Their phone number is 706-821-2460.

Mailing Address: _____
(Complete Mailing Address – City, State, Zip Code)

Physical Location: _____
(Complete Street Address– City, State, Zip Code) – *P.O. BOX or VIRTUAL OFFICE SPACE NOT ACCEPTED)*

Phone Number: _____ Email Address: _____

Preferred Method of Contact: ☐ Mailing ☐ Address ☐ Phone ☐ Text Message ☐ Email

Description of Business: _____

_____

_____

Applicant's Name and Address: _____

Last 4 SSN (Required): _____ Applicant's Position / Title: _____ Phone Number: _____

Federal Tax ID: *(*EIN #) _____ State Tax ID: (Dept. Of Revenue #) _____

Applicant Responsibilities for Business License and Occupational Tax

I understand that it is my responsibility to comply with all local, state, and federal laws and that the issuance of this business license and occupational tax certificate is not deemed an affirmation by Augusta-Richmond County of such compliance. I further understand it is my responsibility to submit a gross revenue form each year by October 31, and to notify Augusta-Richmond County Licensing Division if the form was not received by October 1. Failure to do so will result in a failure to submit fee at license renewal that will not be removed. I also understand that it is my responsibility to renew this business license each year by January 31, and to notify Augusta-Richmond County if a renewal bill is not received by January 1. I acknowledge that I must notify Augusta Richmond County Licensing Division of any updates in the address, phone number, or status of my business. Failure to report a change in address will result in a $75 fine. I certify that the information provided is true and accurate and contains no false or fraudulent information. I understand that this information, or refusal to provide information, will be provided to the Georgia Department of Revenue per O.C.G.A Section 48-13-20-1

Applicant's Signature: _____ Date: _____

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Fire Inspection Application

Business Name: _____

Business Owner's Name:_____

Contact Number (Should be a local contact.): _____

Physical Address: _____

☐ **Check here if this is a new business** ☐ **Check here if this is a location change only**

Email Address:_____

Description of the business being conducted at the address:

_____

_____

_____