60 Booster Field Drive, Whitesburg, GA 30185
Phone: 770-834-0848
Fax: 770-832-1180
Email: cdollar@whitesburg-ga.com

2026 BUSINESS LICENSE RENEWAL

Please complete information below if there have been no changes to your Business License:

Business Name: _____

Mailing Address: _____

Business Address: _____

Business Phone: _____

Business Email: _____

Gross Receipts Amount on Schedule C Tax Form: $ _____

City Of Whitesburg Administrative Fee: $75.00

Business Licenses **expire on December 31st** each year. The City of Whitesburg offers a grace period deadline of **March 15th** of each year to renew your license. Business owners may file for their current business license without submitting a Schedule C by **March 15, 2026**, provided that an estimate of your prior year gross receipts is submitted at that time.

The gross receipts estimate may be submitted in one of the following forms:

- *A signed letter from your CPA or accountant verifying the estimated gross receipts; or*
- *A printed gross receipts estimate generated from your cash register or point-of-sale system.*

To avoid a **10% penalty fee** to your Business License Fee, please return this form, along with your Gross Receipts estimate to City Hall no later than **March 15th**. A copy of your Schedule C Tax Form MUST be provided in order to remain in business with the city ***NO LATER THAN APRIL 15, 2026***. ***Absolutely No Exceptions*****.**
Failure to obtain your required business license may result in revocation by the city.

SIGNING BELOW YOU ARE INDICATING THAT YOU WISH TO CONTINUE THIS BUSINESS LICENSE.
I do hereby certify that the above information given is correct and true to the best of my knowledge. I do hereby certify that I am the person duly authorized by the business herein named to file this return, including the accompanying **Schedule C Tax Form** and that the same is true, correct, and complete.

Signature _____ Title _____

NOTE

If your business has closed or moved outside the city limits, please sign below, and add the date this business was closed or moved and return form to the address listed at the top of this form.

Signature _____ Date (Closed/Moved): _____

OFFICE USE ONLY

TAX CERTIFICATE NUMBER _____ CALENDAR YEAR: **2026**

SIC CODE: _____ TAX RATE: _____ TOTAL FEE PAID: $ _____

DATE ISSUED: _____ ISSUED BY: _____

AFFIDAVIT VERIFYING STATUS FOR 2026 CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath as an applicant for a City of Whitesburg, Georgia Business License, Occupation Tax Certificate, Alcoholic Beverage License, or other public benefit, as referenced in O.C.G.A. § 50-35-1, I am stating the following with respect to my application:

(Enter Name of person applying on behalf of Business, Corporation, Partnership, or other Private Entity on the line above):

A Representative Of: _____

(Enter Name of Business, Corporation, Partnership, or other Private Entity on the line above):

1. ____ I am a United States Citizen

2. ____ I am a legal permanent resident 18 years of age of the United States

3. ____ 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.

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.

O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., 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:

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

_____

(Alien Number or Document Source):

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.

AFFIX SEAL

NOTARY

_____

Applicant Signature

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____

_____

Applicant Printed Name

_____

Date:

_____

Notary Public Signature

_____

Date My Commission Expires:

WHITESBURG POLICE DEPARTMENT
60 Booster Field Drive
Whitesburg GA 30185
Phone: 770-832-1184 Fax: 678-796-1999

To: Business Owner/Proprietor/Operator/Manager

From: Whitesburg Police Department

Re: 2026 Manager / Key-Holder Information

In our effort to provide better police service and response, the Whitesburg Police Department is requesting the following information from your business. This information will only be used to assist us in providing prompt and efficient police services and to provide us with a business point of contact if the need arises. You may return the completed form by faxing it to the Whitesburg Police Department at (770) 678-796-1999.

GENERAL INFORMATION

Business Name: _____

Business Address: _____

Business Phone: _____

AFTER HOURS CONTACT INFORMATION

Manager: _____Phone Number: _____

Key Holder: _____ Phone Number: _____

Key Holder: _____ Phone Number: _____

OCCUPATIONAL TAX: CERTIFICATE OF OCCUPANCY

Fire Safety Inspection Application (No Fee Required)

THIS INSPECTION IS REQUIRED EACH YEAR

WWW.CARROLLCOUNTYFIRERESCUE.COM TO SCHEDULE INSPECTION

Name of Business: _____

Business Address: _____

Date of Occupancy: _____

Type of Occupancy (Business Type): _____

Name of applicant (Please Print): _____

Telephone Number: _____

Names of Utility Companies Servicing Premises: _____

Name on Utility Service Accounts:_____

OPERATING A BUSINESS WITHOUT AN OCCUPATIONAL TAX LICENSE IS PRHOIBITED AND SUBJECT TO A FINE AND/OR IMPRISONMENT.

Signature of Applicant: _____ Date: _____

Signature of Fire Marshall: _____ Date: _____

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:
(A) _____On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees1. * If you select Section 1(A), please fill out Section 2 and then execute below.**
(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***** If you select Section 1(B), please skip Section 2 and execute below.**

Section 2 .
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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ___, 20____ in _____ (city), _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20__.

_____
NOTARY PUBLIC
My Commission Expires: _____

1To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.