

Steps for Renewing Your License

1. Access Your Citizen Account (Online Renewal)

- Visit the Coweta County Citizen Access Portal:
<https://aca-prod.accela.com/COWETA/>
- Sign in using your **registered email address**.
- If you forgot your password, select **"Forgot Password"** to reset it.
- **Do not create a new account.**

Coweta County Government
Community Development Department
Business & Alcohol License Division
Phone: 770.254.2626
Email: businesslicense@coweta.ga.us
Address: 22 East Broad Street
Newnan, Georgia 30263
Website: www.coweta.ga.us

2. Navigate to the Licenses Tab

- Once logged in, click on the **"Licenses"** tab.
- Locate your license number and select **"Renew Application."**
- If no changes are needed, click **"Continue"** at the bottom right.

3. Receive Your Invoice

- After your renewal application is processed, an **invoice will be emailed** to you.

Mail-In Renewal Option

- If renewing by mail, please **print, complete, and mail** the renewal forms **with a check**.

Required Attachments

Please upload the following documents with your renewal application:

- **Renewal Form – Page 2** (only required if changes are being made)
- **Notarized S.A.V.E. Public Benefit Affidavit – Page 3**
(include a copy of your green card if applicable)
- **Notarized E-VERIFY Private Employer Affidavit of Compliance – Page 4**
- **Emergency Listing Information – Page 5**
(commercial and SUP businesses only)
- **Copy of Owner's Driver's License**
(home-based businesses must show a current address)
- **Any additional documents required for the operation of your business**

Closed Business Notification

If your business has closed, notify Coweta County by email:

- **Email:** businesslicense@coweta.ga.us
- Include your **business name and address**

Tips for Smooth Processing

- Ensure all required documents are **complete, accurate, and notarized** where required.
- **Incomplete applications will be withdrawn.**

Business License Renewal

SECTION I.

BUSINESS NAME: _____

BUSINESS DESCRIPTION: _____

LOCATION ADDRESS: _____

OWNER INFORMATION: ☐ CORP ☐ LLC ☐ SOLE PROP

NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS E-MAIL: _____

FEDERAL TAX ID: _____

OWNER PHONE: _____

CORPORATION STATE: _____

E-MAIL: _____

DATE INCORPORATED: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

CELL: _____

E-MAIL: _____

*****PLEASE CONTACT OUR DIVISION WITH ANY OWNERSHIP OR LOCATION CHANGES*****

SECTION II. Fees for the business license are based on the number of employees. Once your renewal has been processed, you will receive an invoice via email.

Employees	Employee Base	Employees Over Base	Rate Per Employee Over Base	Base Tax Rate	Max Tax Rate
1	1		\$ 0	\$ 100.00	\$ 100.00
2	2		\$ 0	\$ 175.00	\$ 175.00
3-9	3	4-9	\$ 12.00	\$ 250.00	\$ 322.00
10-99	10	11 - 99	\$ 14.00	\$ 500.00	\$ 1,746.00
100-249	100	101 - 249	\$ 16.00	\$ 2,000.00	\$ 4,384.00
250-499	250	251 - 499	\$ 18.00	\$ 5,000.00	\$ 9,482.00
500 +	500	501 - +	\$ 20.00	\$ 10,000.00	N/A

SECTION III.

In accordance with the Business Tax Ordinance of Coweta County, Georgia, I, certify that I am duly authorized by the business to file this application, including all accompanying documentation. I affirm that the information contained in these documents is true, correct, and complete.

I hereby apply for an Occupational Tax Certificate to conduct the above-described business within Coweta County. I understand that approval from the relevant departments is required before the certificate can be issued.

By signing below, I solemnly swear, subject to criminal penalties for false swearing, that the information provided in this application is true, and that no false or fraudulent information has been included to procure the granting of this certificate. Furthermore, I attest that the proposed business complies with the Code of Ordinances for Coweta County.

Signature: _____ Date: _____

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

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, 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 I.

Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

***** Section 1(A), complete Section II, and Section III *****

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***** Section 1(b), skip Section II and complete Section III*****

Section II.

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

Date of Authorization

User Identification Number (Also called E-Verify #, usually 4-6 digits)

Section III.

Executed on the _____ date of _____, 20____ in _____ (City) _____ (State)

Signature

Printed Name of and Title

Business Name

Number of Employees

SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____ DAY OF _____, 20_____

NOTARY PUBLIC My Commission Expires:



COWETA COUNTY

911/EMA

195 International Park
Newnan, GA 30265
(voice) 770-254-5809
(fax) 770-254-8533

EMERGENCY BUSINESS LISTING INFORMATION

(FORM MUST BE FILLED OUT COMPLETELY)

☐ COMMERCIAL ☐ HOME BASED ☐ RURAL ☐ SPECIAL USE

BUSINESS NAME: _____ DATE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS CONTACT/MANAGER: _____ CONTACT NUMBER: _____

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 LOCATION WITH PHONE NUMBERS)

***PLEASE DO NOT USE THE BUSINESS PHONE NUMBER**

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

COMMENTS: _____

