



60 Booster Field Drive, Whitesburg, GA 30185

Phone: 770-834-0848

Fax: 770-832-1180

Email: cdollar@whitesburg-ga.com

2026 Coin Operated Machines Business License

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 or Commission Amount from the Georgia Lottery** 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

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

3. _____ 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

Applicant Printed Name

_____, 20____

Date:

Notary Public Signature

Date My Commission Expires: