DOCUMENTS NEEDED TO ISSUE CITY OF CORDELE OCCUPATION TAX CERTIFICATE BUSINESS PERMIT/PROFESSIONAL LICENSE

THE CITY CLERK OR ACCOUNTANT CLERK WILL COMPLETE THIS PART FOR ALL BUSINESSES (Exception Vendors/Peddlers & Contractors)

1. **City Clerk and/or Accountant Clerk** will contact **Utility Control & Treatment Dept. (for Grease Trap and/or Backflow Preventer), Codes Compliance and Fire Department** to come and check your business. After approval from UC&T, Codes Compliance and Fire Department, the next steps below will be completed.
   Contact City Clerk Genivieve (Janice) Mumphery (229) 276-2901; Accounting Clerk (229) 276-2946

CUSTOMERS WILL SUBMIT THE ITEMS BELOW AND BRING TO THE CITY CLERK OR ASSISTANT CITY CLERK OFFICE

Completed Application (Attached)
Save Affidavit and E-Verify Private Employer Affidavit (Attached, must be notarized)
Copy of Lease on Business **(if you do not own)**
Copy of State of Georgia Certificate of Organization
Copy of State of Georgia Articles of Organization

GENERAL

If Retail must have proof of **Sales Tax Number**
If **Convenience Store/Grocery Business MUST** have **Dept. of AG Safety Permit**
Contact Haleigh Goodroe (470) 825-6580
Kennels/Animal Hospitals/If You Are Housing Animals You Must have a Kennel License and a Dept. of AG Safety Permit. **See Attachments**
MUST Bring in a Yearly Copy of Registration of Business from the State of GA

VENDORS/PEDDLERS $200.00 yearly

Written permission from land owner to set up at the location
If using closed tent, contact Code Compliance at (229) 276-2952
Food Vendors – Food Service Permit issued through West Central Health District
Contact Joshua Jones (706) 392-3082
License will expire Dec.31st must have written permission per occurrence

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CONTRACTORS

Copy of Georgia State License
Certificate of Liability Insurance listing City of Cordele, P. O. Box 569, Cordele, GA 31010, as additional interested party or Surety Bond
If no GA Occupation Tax Certificate based on Gross receipts Certificate will be issued per tax bases per job

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DAYCARE CENTER

State Certified/Private (6 Children or Less)
Certificate from State (Bright from the Staff)
CPR Certification
Background Check
List of Employees (Background Check on each employee)

RESTAURANT

Items to be completed **(items 1& 2 above)**
Food Service Permit West Central Health District, **Joshua Jones (706) 392-3082**

FUNERAL HOME

Copy of State Establishment License
Copy of State Embalmer's License
Georgia Sales Tax Number

TOBACCO PRODUCTS, ALTERNATIVE NICOTINE PRODUCTS, VAPOR PRODUCTS

All items listed above will have to have register and receive a license. After receiving the license from the Department of Revenue, bring the license in and we will complete your Occupation Tax Certificate (Business License). **Information will be given to you.**

Revised 8.17.2026

CITY OF CORDELE

P. O. BOX 569, Cordele. GA 31010-0569
Genivieve Mumphery, Executive Assistant/City Clerk (229) 276-2901
Shamica Fairfax, Accounting Clerk (229) 276-2946
Fax# (229) 276-2907

Please type or print:

Business Name and Location: _____

_____

Business Telephone No.: _____ Fax No: _____

Business Mailing Address: _____ Email Address: _____

Business Start Date: _____ Business Description: _____

EIN #: _____ State Sales Tax: _____ State License: _____
(If Applicable Attach Copy)

State License Expiration Date: _____ Social Security # : _____

Key Contact Person: _____ Title: _____

Phone No: _____ Fax#: _____

Complete the following for all owners/officers (attach additional sheets if needed)

1. Name/Title: _____ Driver's License No.: _____

   Address: _____ Telephone#: _____

2. Name/Title: _____ Driver's License No.: _____

   Address: _____ Telephone#: _____

Type of Ownership: _____Sole Proprietor _____Partnership _____Corporation _____Other

Type of Business: _____General _____Professional _____Contractor _____Other

Select one (1) of the following:

1. **NEW BUSINESS**:
   _____ **ESTIMATE** of Upcoming Year Gross Receipts: $ _____

2. **PROFESSIONAL**: (as classified in O.C.G.A. 48-13-9)
   _____ I/We elect to pay $400 per professional
   NUMBER OF PROFESSIONALS AT THIS LOCATION _____
   _____ I/We elect to be covered under Gross Receipts
   (Complete 1 or 2 above)

3. **BUSINESS NOT** LOCATED IN CITY OF CORDELE, GA $ _____
   _____ Located and licensed in (City/County/State) **(Attach copy of current Occupation Tax License)**

I certify the figures and information given are true and correct to the best of my knowledge.

_____ _____ _____
Signature ***Title*** ***Date***

GOVERNMENT USE ONLY

Tax Year/Initials	Certificate Number	Date Paid	Check/Credit Card #	Cash

Private Employer E-Verify Affidavit
****THIS FORM IS REQUIRED BY STATE LAW****

By executing this affidavit under oath, as an applicant for a Occupation Tax Certificate (Business License) a referenced in O.C.G.A. § 36-60-6(d), from the **City of Cordele, Georgia**, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application.

Printed name of Private Employer:_____

----Employs more than ten (10) employees. Please complete section 2 below and sign/notarize at the bottom.

----Employs ten (10) or fewer employees. Do not complete section 2. Please sign/notarize at the bottom.

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(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 #_____ _____
(Federal Work Authorization User ID number Date of Authorization

As an applicant for the City of Cordele, Georgia Business License as referenced in O. C. G. A. § 50-36-1, from the undersigned applicant **verifies one of the following** with respect to my application for public benefit.

1. _____I am a Unites States Citizen.
2. _____I am a legal permanent resident of the United States.
3. _____I am a qualified alien or non-immigrant under Federal Immigration and Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration.

My alien# 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 or older and has provided at least one secure and verifiable document, as required by O. C. G. A. § 50-36-1€(1), with this affidavit.

A copy of your driver's license must be attached if number (one) 1 is checked.
A copy of one of the following cards must be attached if numbers two (2) or three (3) checked. Permanent Resident, Employment Authorization Document, US Passport, US military ID, or a Certificate of Citizenship.

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 statue.

_____
Signature of Authorized Officer or Agent

_____
Printed Name

SUNSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ **DAY OF** _____ **20**_____

_____
NOTARY PUBLIC

My Commission Expires: _____