BUSINESS AND OCCUPATION TAX RETURN
CITY OF AMERICUS

101 W LAMAR ST, AMERICUS, GA 31709
Calendar Year 2025
(See additional information on Back of application)

NEW LICENSE APPLICATION

CHECK HERE IF THERE ARE CHANGES TO THE FOLLOWING INFORMATION:_____

BUSINESS NAME:_____

OWNER/OPERATOR NAME_____CELL PHONE_____

BUSINESS ADDRESS:_____

MAILING ADDRESS:_____

BUSINESS TYPE_____

WILL THE BUSINESS NEED AN ALCOHOLIC BEVERAGE LICENSE?_____WHAT TYPE?_____

WILL THE BUSINESS BE SERVING FOOD?_____

STATE LIC #_____BUSINESS START UP DATE:_____

STATE SALES TAX #(required if applicable)_____

BUSINESS TELEPHONE_____ E-MAIL _____

EMERGENCY INFORMATION: NAME:_____

ADDRESS:_____

PHONE NUMBER:_____

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ANTICIPATED GROSS RECEIPTS FOR 2025 $_____

(Certain occupations and practitioners have the option of paying $400 per practitioner in lieu of reporting gross receipts. If you are eligible for this option and choose to do so, complete the following:)

PROFESSIONAL FLAT FEE OPTION $400_____.

NUMBER OF EMPLOYEES_____.

(Complete for both Gross Receipts and Professional flat fee options)

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I hereby certify that the above information is correct and furthermore, that the gross receipts figure includes the full and true amount of the gross sales, receipts, premiums, commissions or other income from the conduct of the business without any deductions whatsoever except sales and excise taxes. I do further certify that I am the person duly authorized by the business herein named to file this return.

Signed_____Date_____

Title_____

DO NOT WRITE BELOW THIS LINE

ACCOUNT NUMBER | SIC NO | TAX CLASS | LICENSE AMOUNT

Finance Approval_____ Date_____

BRM Inspection Approval_____ Date_____

BRM Zoning Approval_____ Date_____Zoning District_____

Public Works_____ Date_____

If Alcoholic Beverage is required, Finance to Copy Police Department_____

CITY OF AMERICUS
NEW BUSINESS LICENSE REQUIREMENTS

All businesses operating within the City Limits must hold a valid business license. In order to remain valid, the license must be renewed each year. The finance department mails the renewal returns to all active businesses on or about January 15th each year. The return is due back by January 31st. Once the City processes the returns, invoices are mailed and remittances are due back by March 15th each year.

In order to obtain a business license, your accounts with the City cannot be past due or delinquent. These accounts include utilities, taxes, and community development loans.

New Businesses: Please see additional requirements below

SIGN ORDINANCE

A sign ordinance was adopted by the Mayor and Council of the City of Americus in 1988. The ordinance establishes rules and regulations regarding ALL signs within the Corporate limits of the City (location, size, use, permit fees, etc.). Changing or moving of signs will require a sign permit. Mobile and temporary signs are licensed on a three month basis and must be registered as such.
Sign permit applications and complete copies of the ordinance are available from the Building Risk Department at the Municipal Building.

ALCOHOLIC BEVERAGES

If your new business involves the retail sale (on or off premise) of any type of alcoholic beverage, you must obtain an additional license. Alcoholic Beverage licenses are granted by the Americus Police Department located at the Public Safety Building at 119 S Lee S.

CERTIFICATE OF OCCUPANCY

A Certificate of Occupancy is required by the Building Risk Department before the Business License can be given in the following situations:

- ***(a) New Construction.***
- ***(b) Remodeled building so as to affect height or the size of the yards.***
- ***(c) Change in the TYPE of occupancy or use of the premises.***
- ***(d) New business***
- ***(e) Any other nonconforming use not listed.***

AFFIDAVIT VERIFYING STATUS

FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Americus, Georgia Business License or Occupation Tax Certificate, Alcohol License, Housing Loan or Grant, Business Loan or Grant, or as an employee of the City of Americus, or as a contractor doing business with the City, or an applicant for other public as referenced in O.C.G.A Section 50-36-1, I am stating the following with respect to my application to the City of Americus:

_____

Names of natural person applying or behalf of individual, business, corporation, partnership, or other private entity

1. _____ I am a United States citizen

Or

2. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or 18 years of age or older and a non-immigrant under the Federal immigration and Nationality Act and I am lawfully present in the United States.

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 or affidavit shall be guilty of violation of Code Section 16-10-20 of the Official Code of Georgia.

_____

Signature of Applicant Date

_____

Printed Name

_____

Alien Registration Number for Non-citizens

SUBSCRIBED AND SWORN

BEFORE ME OR THIS THE

_____ DAY OF _____, _____

Notary Public: _____

My Commission Expires: _____

******ATTACH COPY OF REGISTRATION CARD OR I.D.*********

E-VERIFY

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

By executing this affidavit under oath, as an applicant for a business license from the City of Americus, _____ (name of business) verifies that on January 1, _____ that.

1. The aforementioned business employs 10 or less employees (state wide) and is therefore exempt_____.
2. The aforementioned business employs more than 10 employees (state wide) and is therefore submitting its E-Verify account number _____ The employer has registered with and utilizes the federal work authorization.

In making the above representation under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A 16-10-20, and will face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 20_____ in _____ (city) _____(state)

Signature of authorized officer or agent _____

Printed name of authorize officer or agent _____

Sign and sworn before me on this _____ day of _____, 20_____

Notary Public _____

My commission expires _____