



City Clerk's Office - Business Licensing Division
 130 E. 1st Street - P.O. Box 229 - Tifton, GA 31793-0229 (229) 382-6231 - Fax (229) 391-3990
 Website: <http://www.tifton.net> Email: cityclerk@tifton.net

OFFICIAL USE ONLY

Business License No. _____
 Expiration Date _____
 SIC Code _____
 License Fee \$ _____
 Check # _____ Credit Card Cash

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ **Bus. Start Date** _____
Corporate Name _____ New Application Change Home Occupation
(if applicable)
Business Location _____ **Email Address** _____
 _____ **State Sales Tax No.** _____
 _____ **Federal ID No.** _____
Mailing Address _____ **State ID No.** _____
 _____ **State License No.** _____
Phone No. _____ **Fax No.** _____ **State License Type** _____
 _____ **Expire Date** _____
Description of Business _____
Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ **Title** _____ **Driver's License No.** _____
Home Address _____ **Social Security No.** _____
(Cannot be P.O. Box) _____ **Home Phone No.** _____
 _____ **Cell Phone No.** _____
2nd Owner Name _____ **Title** _____ **Driver's License No.** _____
Home Address _____ **Social Security No.** _____
(Cannot be P.O. Box) _____ **Home Phone No.** _____
 _____ **Cell Phone No.** _____

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____ **Title** _____
Address _____ **Phone No.** _____
 _____ **Cell Phone No.** _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

Classification and Fee - Please review the fee schedules on the enclosed form and enter the applicable fees below.

CERTIFICATION AND ACKNOWLEDGEMENT
 I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Tifton Municipal Code Section 74-62. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by January 1st.

SIGN HERE


 Signature of Owner or Representative
 Title _____ Date _____

Estimated Current Year Annual Gross Receipts for Sales and/or Services \$ _____
Home Occupation Approval _____
Base Fee (required for each license) \$ _____
TOTAL AMOUNT DUE \$ _____

Thank you for doing business in the City of Tifton

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF TIFTON