



130 E. 1st Street  
Post Office Box 229  
Tifton, Georgia 31793

<http://www.tifton.net>

**ELECTED OFFICIALS:**

**JULIE B. SMITH**  
MAYOR

**WES EHLERS**  
VICE-MAYOR  
DISTRICT 1

**JACK FOLK, JR.**  
DISTRICT 2

**JOHNNY TERRELL, JR.**  
DISTRICT 2

**FRANK SAYLES, JR.**  
DISTRICT 4

Welcome to the City of Tifton!

We are so glad you chose our "Friendly City" to open or expand your business. We stand ready to assist you in every way possible as you work toward a successful venture in Tifton.

Listed below are a few things you can expect, depending on your type of business, to encounter as you go through the process:

- Business License applications can be obtained by going to [www.tifton.net](http://www.tifton.net), clicking on the Business icon. Scroll to the bottom of the page to access various types of applications.
- Inspections will take place by representatives of various departments for Building & Zoning, Utilities, Sanitation, Main Street (if you are located in downtown), Customer Service, Fire Department, Health Department, and Public Works. The staff of these departments will contact you to set up appointments for the inspections.
- Signage is acquired through the Community Development Department which can be reached at 229-391-3950.
- Businesses in the Historic District must follow appropriate guidelines. Before doing anything to your space, please contact staff at 229-391-3950 for proper instructions.
- Convenience Stores & Bakeries must also be inspected by the Georgia Department of Agriculture. They can be reached at 229-386-3489.
- Certain businesses such as restaurants and other food vendors, hotels/motels, public swimming pools, body art facilities, etc. require approval by the Tift County Health Department which can be reached at 229-386-7967 or 7968.
- Alcoholic Licenses are required for those who wish to sell any alcoholic beverages. Applications can be obtained on our website at [www.tifton.net](http://www.tifton.net) by clicking onto the business section and scrolling to the bottom of the page.

**Business Inspection Checklist**

- Fees Due:** \_\_\_\_\_
- Building & Zoning Inspection** (*Community Development: 229-391-3950*)
- Utilities** (*Customer Service: 229-382-6231*)
- Fire Code & Safety Inspection** (*Tifton FD: 229-391-3961*)
- Solid Waste & Garbage Services** (*Customer Service: 229-382-6231*)
- Water, Sewer, & Grease Trap Inspection** (*ESG: 229-391-3949*)
- Other:** \_\_\_\_\_





**Business Licensing Division**  
 130 E. 1<sup>st</sup> 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](mailto:cityclerk@tifton.net)

OFFICIAL USE ONLY	
Business License No.	_____
Expiration Date	_____
SIC Code	_____
License Fee \$	_____
Check # _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash

**BUSINESS LICENSE APPLICATION**

PLEASE TYPE OR PRINT WITH PEN

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

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

<b>1st Owner Name</b> _____ <b>Title</b> _____	<b>Driver's License No.</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____	<b>Home Phone No.</b> _____
_____	<b>Cell Phone No.</b> _____
<b>Email:</b> _____	
<b>2nd Owner Name</b> _____ <b>Title</b> _____	<b>Driver's License No.</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____	<b>Home Phone No.</b> _____
_____	<b>Cell Phone No.</b> _____

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

<b>Name</b> _____	<b>Title</b> _____
<b>Address</b> _____	<b>Phone No.</b> _____
_____	<b>Cell Phone No.</b> _____

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 \_\_\_\_\_

<b>Estimated Current Year Annual Gross Receipts for Sales and/or Services</b>	\$ _____
<b>Number of Employees</b>	_____
<b>Base Fee</b> (required for each license) \$	\$75.00
<b>TOTAL AMOUNT DUE</b> \$	_____

*Thank you for doing business in the City of Tifton*

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



**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for **Circle One** [*Occupation Tax Certificate, Regulatory Permit, Alcohol License, Taxi Permit*], or other public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Tifton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen. *(Include front & back copy of driver's license)*
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States. *(Include front & back copy of permanent resident card)*
- 3) \_\_\_\_\_ 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. *(Include front & back copy of resident card)*

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:**  
\_\_\_\_\_.

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 \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**E-VERIFY REGISTRATION CAN BE ACCESSED THROUGH:**

<http://www.dhs.gov/e-verify>



**Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation **employs more than ten employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Employer/Business

**I employ more than 10 employees and have registered with E-Verify as required by law.**

\_\_\_\_\_  
E-Verify /Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

**I do not employ more than 10 employees and are exempt from registering with E-verify**

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



State of Georgia  
**Department of Revenue**  
1800 Century Boulevard  
Atlanta, Georgia 30345

**Official Addendum to Business Occupancy License Application**

**Required Fields**

<b>Name of Business (Legal Name or Trade Name):</b>
<b>Mailing Address if Different From the Physical Address:</b>
<b>Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:</b>
<b>Sales Tax ID #, if Your Business is Required to Have One by Law:</b>
<b>Applicable North American Industry Classification System Code Number (Please list all NAICS):</b>

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.