Business License renewal applications must be submitted on or before the annual April 1st deadline.

You are eligible to renew your Business License if:

- Your **2018 Business License** is current and not delinquent
- Ownership and business type have not changed since your 2018 renewal. If ownership or business type has changed, please contact our office to request a new application.
- Your business address is the same as listed on your 2018 license. If your business address has changed, please contact our office to request a change of address application.

**2019 Business License Checklist:**

- Completed and signed 2019 Business License Renewal application
- Completed, signed, and notarized Citizenship Affidavit
- State License required, if applicable
- Check or Money Order payable to **MACON-BIBB COUNTY**

All of the above documents **MUST** be completed and submitted with the Business License Renewal application. Incomplete applications will be returned.

Make checks payable to “Macon-Bibb County”
**Important**

The Business License Division cannot process incomplete applications. If any information is missing, incomplete, or incorrect, your application will be returned.

Renew by April 01, 2019 to avoid penalty and interest charges.

### BUSINESS INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Tax ID #:</td>
<td></td>
</tr>
<tr>
<td>GA Sales Tax ID#:</td>
<td>*E-Verify #:</td>
</tr>
<tr>
<td>Type of Business:</td>
<td>Is This A Home-Based Business:</td>
</tr>
<tr>
<td>Business Name:</td>
<td>Corporation Name:</td>
</tr>
<tr>
<td>Local Business Address:</td>
<td>(P.O. Box Not Allowed)</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Local Business Phone #:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Contact’s Phone Number:</td>
</tr>
</tbody>
</table>

### BUSINESS OWNER INFORMATION

Ownership Status:  
- [ ] Sole Owner  
- [ ] Partnership  
- [ ] LLC  
- [ ] INC  
- [ ] Non-Profit (Attach 501(c)(3) form for business)

Has there been a change in ownership?  
- [ ] YES  
- [ ] NO

### 2019 LICENSE FEE CALCULATION

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Employees</td>
<td>$39.00 + $65.00 = $</td>
<td>(Per Employee Rate) (Admin Fee) (Total Amount Due)</td>
</tr>
<tr>
<td>Delinquent License Fees must include a 10% Penalty and 1.5% Monthly Interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Professionals*</td>
<td>$400.00 = $</td>
<td>(Per Professional Rate) (Total Amount Due)</td>
</tr>
</tbody>
</table>

*Only Professional Practitioners May Elect to Pay a Flat Rate of \$400 Per Practitioner

### CERTIFICATION

For the year 2019, I, the undersigned, do hereby register to operate said business within Macon-Bibb County in accordance with the Macon-Bibb County business ordinance. I certify that I am the person duly authorized by the business herein named to file this return, including the accompanying affidavit(s). In addition, I certify that all information provided is true and correct and that I have paid the correct fees owed by the named business to Macon-Bibb County.

Applicant’s Printed Name: ________________________________
Applicant’s Signature: ________________________________
Applicant’s Job Title: ________________________________

Date: __________________

Make Checks Payable to “Macon-Bibb County”
(S.A.V.E.) PROGRAM O.C.G.A. § 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a Macon-Bibb County, Georgia, Business License/Occupation Tax Certificate as referenced in O.C.G.A. § 50-36-1; the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) ☐ I am a United States citizen.
   OR

2) ☐ I am a legal permanent resident of the United States.
   OR

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.
   
   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 (i.e. valid driver’s license or passport), 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.

Printed Name of Applicant: _____________________________________________________

Signature of Applicant: _______________________________________________________

Business Name: _____________________________________________________________

Executed in ____________________ (City), ________________________ (State)

SUBSCRIBED AND SWORN BEFORE ME ON

THIS _______ DAY OF ____________________ , 20____

NOTARY PUBLIC

MY COMMISSION EXPIRES: ____________________________

We have in-house Notary service available for Business License documents only.
Affidavits must be signed in the presence of the Notary with proper identification.