



COLUMBUS CONSOLIDATED GOVERNMENT
DEPARTMENT OF FINANCE
REVENUE DIVISION-OCCUPATION TAX SECTION
P. O. BOX 96568
CHARLOTTE, NC 28296-0568
PHONE: (706) 225-4100, OPTION 1

OFFICE USE ONLY

ACCOUNT #

CERT. OF OCCUPANCY

RENEWAL FORM FOR
BUSINESS LICENSE

Business Name: _____

Federal Identification #: _____ Sales Tax ID # _____

Physical Business Address: _____
City State Zip

Business Mailing Address: _____
(If different from above) City State Zip

E-Mail Address: _____

Business Phone #: (____) ____ - ____ Business Fax #: (____) ____ - ____

Contact Person: _____ Contact #: (____) ____ - ____

Select type of ownership and complete the information required.

☐ **Sole Proprietorship**

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone #: (____) ____ - ____ City State Zip

☐ **Partnership**

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone #: (____) ____ - ____ City State Zip

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Phone #: (____) ____ - ____ City State Zip

☐ **Corporation/LLC**

Corporation Name: _____ Date of Incorporation: _____ State: _____

Dominant Line of Business: _____

Other Business Activities Performed: _____

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION IN FULL BEFORE SUBMITTING.
LICENSE CANNOT BE ISSUED WITHOUT A COMPLETED APPLICATION.

Please answer **all** questions below.

- 1) Will this business be based and operated from your home? Yes _____ No _____
- 2) Will this business be adult oriented (i.e. emphasis on depicting or describing specified sexual activity or specified anatomical areas)? Yes _____ No _____
- 3) Will this business have one or more bona fide coin operated Class B amusement machines (COAM) on the premises? Yes _____ No _____
- 4) Will this business sell and/or serve any type of alcoholic beverages? Yes _____ No _____
- 5) If answered yes to Question 3, do you allow your customers/patrons to consume alcoholic beverages on premise? Yes _____ No _____
- 6) Will this business be a restaurant charging a cover charge? Yes _____ No _____
- 7) How many people will this business employ? Part-time _____ Full-time _____

Professional Option

For those businesses allowed the professional option, please indicate Gross Receipts \$ _____
whether you wish to elect that option or pay the percentage on gross receipts. Professional Option _____

If you elected the Professional Option, please indicate the total number of practitioners? _____

I hereby attest that the above information is true and correct to the best of my knowledge.

Print Name

Title

Signature

Date