



**Business License Division**  
22 East Broad Street  
Newnan, GA 30263

## **Special Use Business License Application**

(Please allow up to two weeks to process applications)

**New Applications** All forms must be filled out completely, including mailing and business addresses and all available phone/fax/email information. Currently we do not accept applications by mail. \$35.00 ADM FEE

**Purchase of existing business** If you have purchased an existing business, the prior business owner must close out their business and pay all associated taxes in full prior to the issuance of the new owner's Business License. No exceptions!

**The following must be checked off and included with the original, signed application:**

- Pg. 2 - Completed Application
- Pg. 3 - Completed Business Contacts Listing
- Pg. 4 - Approval from the Coweta County Business License, Zoning, Fire and Building Divisions
- Pg. 5 - Notarized - Public Benefit Affidavit O.C.G.A. § 50-36-1(e) (2)
- Pg. 6 –Notarized - Private Employer Affidavit of Compliance Pursuant to O.C.G.A. § 36-60-6(d)
- Copy of owner's driver's license (if more than one owner, attach a list with all contact information for each additional owner's.)
- Copy of signed lease, buyer's agreement, closing statement or taxes paid statement for business location
- Copy of FEIN paperwork - 800-829-4933 - <https://www.irs.gov>

**Copies of the following must be checked off and provided if applicable to the license being issued:**

- State License (if required by the State of Georgia)
- Incorporation Letter - <http://sos.ga.gov>  
(Required for corporations, closed corporations or LLC's)
- Copy of Sales Tax ID paperwork - 877-423-6711 - <https://dor.georgia.gov/sales-use-tax>
- Health Inspection Certificate (770) 683-7345
- Dept. of Agriculture Inspection (404) 656-3600
- Amber Light Permit (404) 624-7460 <https://dps.georgia.gov>

**Contact Information:**

Business License Division	Joy Thompson	770-254-2626
Zoning Division	Angela White / Lisa Eschman	770-254-2635
Building Division	Tina Chamberlain	770-254-2660
Fire Department	Enrico Dean / Bo Cummings	770-254-3900

# Special Use Business License Application

Please Fill in All Information COMPLETELY  
Please Type or Print With Ball Point Pen

CALENDAR YEAR \_\_\_\_\_

**PENALTY FOR FAILURE TO FILE RENEWAL BY APRIL 15th EACH YEAR**

Parcel Number:	Approved:
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BUSINESS NAME:		BUSINESS LOCATION STREET ADDRESS and ZIP CODE (Not PO Box)		BUSINESS DESCRIPTION:	
MAILING/CONTACT INFORMATION FOR BUSINESS →	ATTENTION:	BUSINESS MAILING ADDRESS, CITY, STATE, ZIP CODE (if different)		BUSINESS PHONE #	
ADDITIONAL CONTACT →	BUSINESS FAX #	BUSINESS WEB ADDRESS		EMAIL	
LICENSEE TYPE: CHECK ONE →	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> OTHER	PRINCIPAL OFFICE AND CORPORATE NAME	STREET OR PO BOX	CITY, STATE, ZIP CODE	
PLEASE PROVIDE COPY OF DRIVERS LICENSE AND CITIZENSHIP AFFIDAVITS FOR ALL OWNERS, PARTNERS AND MEMBERS	OWNER NAME	STREET	CITY, STATE, ZIP CODE	PHONE#	
	OWNER NAME	STREET	CITY, STATE, ZIP CODE	PHONE #	
	OWNER NAME	STREET	CITY, STATE, ZIP CODE	PHONE #	

In accordance with the Business Tax Ordinance, Coweta County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this application, including the accompanying documentation and that the information contained in these documents is true, correct and complete. I hereby make application for an Occupational Tax Certificate to conduct the above-described business in the County. I understand that approval must be obtained from the departments having the authority prior to issuance of the certificate. By signature below, I do solemnly swear, subject to criminal penalties for false swearing, that information contained in the application is true and no false or fraudulent information is made herein to procure the granting of this certificate and the purposed business is in compliance with the Code of Ordinances for Coweta County.

Owner's Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Contacts Listing

Business Name \_\_\_\_\_

Owner's Name & Home Address \_\_\_\_\_

Owner's Phone/Cell/Email \_\_\_\_\_

Manager's Name & Home Address \_\_\_\_\_

Manager's Phone/Cell/Email \_\_\_\_\_

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**Corporation/Limited Liability Company (if applicable)**  
**PLEASE ATTACH COPIES OF THE ARTICALS AND CERTIFICATE**

Corporation/LLC Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ President \_\_\_\_\_

President's Home Address & Phone \_\_\_\_\_

Date of Incorporation/LLC \_\_\_\_\_ State of Incorporation/LLC \_\_\_\_\_

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**Partnership (if applicable)**

Partner's Name & Address \_\_\_\_\_

Partner's Home Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_

Partner's Name & Address \_\_\_\_\_

Partner's Home Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_

**COMMERCIAL BUSINESS / SPECIAL USE BUSINESS APPROVAL FORM**

**\*\*FORM MUST BE APPROVED "IN ORDER" BEFORE APPLYING FOR A COMMERCIAL / SPECIAL USE LICENSE\*\***

**Business Name:** \_\_\_\_\_

**Business Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Purposed type of business activity at this location** \_\_\_\_\_

**Map or Parcel number of Property** \_\_\_\_\_

**Business Owner's Name and contact number** \_\_\_\_\_

**Complex name (if applicable)** \_\_\_\_\_

**Will construction or renovation be required?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Alcohol Sales?** \_\_\_\_\_ Yes \_\_\_\_\_ No



<p>1) <b>Business License Division</b> 22 East Broad Street #222 Newnan, GA 30263 770-254-2626</p>	<p>2) <b>Zoning Division</b> 22 East Broad Street # 222 Newnan, GA 30263 770-254-2635</p>	<p>3) <b>Fire Department</b> 483 Turkey Creek Road Newnan, GA 30263 770-254-3900</p>	<p>4) <b>Building Division</b> 22 East Broad Street #222 Newnan, GA 30263 770-254-2660</p>
<p><b>Date of last license:</b> _____</p>	<p><input type="checkbox"/> Approve    <input type="checkbox"/> Denied  <input type="checkbox"/> Ownership Change only</p>	<p><input type="checkbox"/> Approve    <input type="checkbox"/> Denied</p>	<p><input type="checkbox"/> Approve    <input type="checkbox"/> Denied</p>
<p><b>Use:</b> _____ _____ _____</p>	<p><b>Notes:</b> _____ _____ _____</p>	<p><b>Notes:</b> _____ _____ _____</p>	<p><b>Notes:</b> _____ _____ _____</p>
<p><b>Name of Business:</b> _____ _____ _____</p>	<p><b>Form #</b> _____</p>	<p><b>Occupancy Load for Alcohol Sales</b> _____ _____</p>	
<p><b>Signature</b> _____</p>	<p><b>Signature</b> _____</p>	<p><b>Signature</b> _____</p>	<p><b>Signature</b> _____</p>
<p><b>Date</b> _____</p>	<p><b>Date</b> _____</p>	<p><b>Date</b> _____</p>	<p><b>Date</b> _____</p>

O.C.G.A. § 50-36-1(e)(2) S.A.V.E Affidavit

By executing this affidavit under oath, as an applicant for a(n) other public benefit (Business/Alcohol License), as referenced in O.C.G.A. § 50-36-1, from Coweta County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- 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, 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:

- Driver's License                       Social Security Card                       Green Card
- Passport / Visa (US only)    Perm Resident Card                       Other\_\_\_\_\_

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 \_\_\_\_\_, \_\_\_\_\_.

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

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

\_\_\_\_\_  
Printed Name of Business

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

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

**E-VERIFY AFFIDAVIT**  
**Coweta County E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1.**

Please check only one:

(A) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

(B) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If the employer selected Section 1(A), please fill out Section 2 below\*\*\*

**Section 2.**

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

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

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
(Also called E-verify#, usually 4-6 digits)

\*\*\*\*\*  
\*Executed and complete section below\*

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of and Title

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Number of Employees

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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