



4035 WALNUT CIRCLE / P.O. BOX 99  
OAKWOOD GA 30566  
770-534-2365

## Business License Renewal Application

Date: \_\_\_\_\_ License Year: \_\_\_\_\_ License#: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

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

Type of Business: Please choose one:  Corporation  LLC  Partnership  Sole Proprietor

Business Physical Address: \_\_\_\_\_ (Cannot be PO Box)

Business Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Has there been a change in business ownership:  Yes  No *If yes, new application required.*

Owner/Partner Name: \_\_\_\_\_

Owner/Partner Phone No.: \_\_\_\_\_ Owner/Partner Cell Phone No.: \_\_\_\_\_

Owner/Partner Address: \_\_\_\_\_

Owner e-mail address: \_\_\_\_\_

Location:  Commercial  Home

Sales Tax Id Number: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

Description of Business: \_\_\_\_\_

No. of Full-time Employees: \_\_\_\_\_ No. of Part-time Employees: \_\_\_\_\_  
(Owner counts as 1)

**If more than 10 employees E-Verify # (required)** \_\_\_\_\_

License fee: \$ \_\_\_\_\_

Administrative fee: \$ 5.00

Penalty 10% or more \$ \_\_\_\_\_ (after Jan 1<sup>st</sup>)

TOTAL DUE: \$ \_\_\_\_\_

### FOR OFFICE USE ONLY

APPROVED: \_\_\_\_\_

Paid:  Cash  Check Amount: \_\_\_\_\_

Receipt/Check No.: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Issued: \_\_\_\_\_

Any persons who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact: makes a false, fictitious, or fraudulent statement or representation: or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within jurisdiction of any department or agency of state government or the government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by fine of not more than \$1,000.00 or imprisonment of not less than one nor more than five years, or both. O.C.G.A. § 16-10-20

I have read and understand the above statement of the law and by signing my name below; I attest that all the information contained in this Business License Renewal Application Form is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Printed Name** **Title**

\_\_\_\_\_  
**Notary Public** **Commission Expires**

See below for the cost break down for your City of Oakwood Business License. **NOTE: If the renewal payment is not received by Jan 2<sup>nd</sup> (Sec 14-33) a 10% penalty on the total amount due. An additional 1% is also due for each 30 days or portion of 30 days after Jan 31<sup>st</sup>.**

Two (2) part-time employees equal one (1) full-time employee.

**Worksheet for Computation of Taxes**

Number of Employees	Tax Amount
1-4	\$100.00
5-7	\$175.00
8-10	\$250.00
11-15	\$324.50
16-20	\$381.50
21-27	\$447.50
28-35	\$511.50
36-50	\$610.50
51-75	\$749.00
76-100	\$869.00
101-150	\$1,072.50
151-200	\$1,249.00
201-300	\$1,550.00
301-500	\$2,070.00
501-1000	\$3,189.00
1001 +	\$4,351.00

**Make Checks Payable to:**      **City of Oakwood**  
    **P.O. Box 99**  
    **4035 Walnut Circle**  
    **Oakwood, GA 30566**

Revised 11.12.19