

# City of Tifton

## New Business Application Packet

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*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. Please contact our office if you have any additional questions (229) 391-3940 or [cityclerk@tifton.net](mailto:cityclerk@tifton.net)*

- Prior to submitting your Business License Application, Complete and Submit the Zoning Approval Application to ensure your location and proposed business meets the City's Zoning Regulations.
- Building Safety Inspections will need to be completed and approved before a business license will be issued. See below checklist for more information.
- Business License fees are based on Gross Income for the Business. New businesses will need to estimate the first year income.
- All businesses engaging in retail sales must provide a Sales Tax ID Number. This can be obtained by visiting <https://gtc.dor.ga.gov/>
- Building and Sign permits can be obtained through the Community Development Dept. 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.  
Phone: 229-386-3489.
- Certain businesses such as restaurants and other food vendors, hotels/motels, public swimming pools, body art facilities, etc. requires approval by the Tift County Health Dept which can be reached at 229-386-7967 or 386-7968.
- 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)

### Business License Process Checklist

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- 1. Complete and Submit the **Zoning Approval Application** to Tifton Community Development Office  
*This form must be submitted and approved prior to applying for a Business License*
- 2. Complete and Submit **Business License Application Packet** to Tifton City Hall
- 3. **Schedule Business License Inspections**
  - 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: \_\_\_\_\_
- 4. Once All Inspections are **Complete and Location is Approved**, the Business License is ready to be issued
- 5. Pay For and Pickup **Business License Certificate** at Tifton City Hall
- 6. **Open for Business!**

# Zoning Approval Application For Business License

City of Tifton  
Department of Community Development  
204 N. Ridge Ave, Tifton, Georgia 31794  
Phone: (229) 391 - 3950

Prior to submitting a new business license application the City must determine that the proposed business complies with the City's Zoning Regulations

**\*\*\* This Form Must Be Submitted to Community Development for Approval  
and Included with the Business License Application \*\*\***

Date:

Business Name:

Business Address:  Tax Map #:

Owner/Applicant Name:

Phone:  Email:

Description of Business:

Alcohol Sales:  Yes  No

Business Type:  Home Business  Commercial  Industrial  Online

Proposed Property Improvements:  
 New Construction  Renovation  None

## Applicant's Statement of Compliance

It is the responsibility of every business owner or operator to make certain that the type or nature of business activity being conducted at any location in the City of Tifton is permitted by and conforms to the zoning ordinance and building regulations of the City before signing a lease/contract and operating the business.

I further understand that all construction work will require a permit prior to commencing construction, which includes alterations, repairs, modifications, renovations, signage, etc.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Zoning Class: \_\_\_\_\_

Based on the information provided above, the location and business type is:

Approved  Denied  Conditional Use Required

Comments: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_



**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 \_\_\_\_\_

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

**Estimated Current Year Annual Gross Receipts for Sales and/or Services** \$ \_\_\_\_\_

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

**Base Fee** (required for each license) \$ **\$75.00**

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

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 \_\_\_\_\_, \_\_\_\_, 202\_\_ 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 \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
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.

**Section 28- Gross Brackets Classification Schedule**

<b>A t Least</b>	<b>But Less Than</b>	<b>Class A</b>	<b>Class B</b>	<b>Class C</b>	<b>Class D</b>	<b>Class E</b>	<b>Class F</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
\$ -	\$ 50,000.00	\$ 53	57	59	64	76	84
\$ 50,000.00	\$ 75,000.00	\$ 65	70	74	80	94	106
\$ 75,000.00	\$ 100,000.00	\$ 89	96	101	108	128	147
\$ 100,000.00	\$ 125,000.00	\$ 113	122	129	138	164	186
\$ 125,000.00	\$ 150,000.00	\$ 137	148	156	168	198	226
\$ 150,000.00	\$ 175,000.00	\$ 162	174	184	198	234	266
\$ 175,000.00	\$ 200,000.00	\$ 186	202	212	228	269	306
\$ 200,000.00	\$ 225,000.00	\$ 209	226	239	258	305	347
\$ 225,000.00	\$ 250,000.00	\$ 234	251	267	287	340	387
\$ 250,000.00	\$ 275,000.00	\$ 263	278	296	317	376	428
\$ 275,000.00	\$ 300,000.00	\$ 284	304	323	347	411	467
\$ 300,000.00	\$ 350,000.00	\$ 321	342	364	392	465	527
\$ 350,000.00	\$ 400,000.00	\$ 370	395	420	453	536	608
\$ 400,000.00	\$ 450,000.00	\$ 417	447	476	512	606	688
\$ 450,000.00	\$ 500,000.00	\$ 466	498	531	572	677	768
\$ 500,000.00	\$ 600,000.00	\$ 538	578	614	660	783	888
\$ 600,000.00	\$ 700,000.00	\$ 635	681	725	779	924	1050
\$ 700,000.00	\$ 800,000.00	\$ 732	785	836	899	1065	1210
\$ 800,000.00	\$ 900,000.00	\$ 830	888	946	1018	1206	1371
\$ 900,000.00	\$ 1,000,000.00	\$ 927	993	1058	1137	1347	1533
\$ 1,000,000.00	\$ 1,250,000.00	\$ 1,019	1096	1174	1265	1499	1659
\$ 1,250,000.00	\$ 1,500,000.00	\$ 1,148	1242	1338	1445	1715	1836
\$ 1,500,000.00	\$ 1,750,000.00	\$ 1,245	1358	1469	1595	1870	1989
\$ 1,750,000.00	\$ 2,000,000.00	\$ 1,342	1472	1601	1745	2025	2141
\$ 2,000,000.00	\$ 2,500,000.00	\$ 1,487	1644	1798	1895	2258	2369
\$ 2,500,000.00	\$ 3,000,000.00	\$ 1,625	1817	2006	2096	2452	2598
\$ 3,000,000.00	\$ 4,000,000.00	\$ 1,834	2076	2306	2398	2757	2942
\$ 4,000,000.00	\$ 5,000,000.00	\$ 1,902	2189	2498	2800	3146	3274
\$ 5,000,000.00	\$ 6,000,000.00	\$ 1,972	2258	2567	2910	3256	3399
\$ 6,000,000.00	\$ 7,000,000.00	\$ 2,042	2327	2636	3008	3366	3524
\$ 7,000,000.00	\$ 8,000,000.00	\$ 2,111	2397	2705	3105	3478	3648
\$ 8,000,000.00	\$ 9,000,000.00	\$ 2,180	2466	2775	3202	3588	3773
\$ 9,000,000.00	\$ 10,000,000.00	\$ 2,249	2535	2844	3312	3700	3898
\$ 10,000,000.00	\$ 11,000,000.00	\$ 2,319	2604	2913	3424	3810	4022
\$ 11,000,000.00	\$ 12,000,000.00	\$ 2,388	2674	2982	3534	3921	4032
\$ 12,000,000.00	\$ 13,000,000.00	\$ 2,457	2744	3052	3646	4032	4271
\$ 13,000,000.00	\$ 14,000,000.00	\$ 2,526	2812	3122	3756	4143	4396
\$ 14,000,000.00	\$ 15,000,000.00	\$ 2,596	2882	3190	3867	4254	4521
\$ 15,000,000.00	\$ 16,000,000.00	\$ 2,666	2951	3260	3978	4365	4646
\$ 16,000,000.00	\$ 17,000,000.00	\$ 2,734	3021	3330	4089	4474	4770
\$ 17,000,000.00	\$ 18,000,000.00	\$ 2,804	3089	3399	4199	4587	4895
\$ 18,000,000.00	\$ 19,000,000.00	\$ 2,873	3159	3467	4311	4697	5020
\$ 19,000,000.00	\$ 20,000,000.00	\$ 2,943	3228	3537	4421	4809	5145
\$ 20,000,000.00	\$ 21,000,000.00	\$ 3,011	3298	3606	4533	4919	5270