



CITY OF VIENNA
BUSINESS REGISTRATION APPLICATION

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

Business Name: \_\_\_\_\_
Type of Business: \_\_\_\_\_
Describe Business in Detail: \_\_\_\_\_
Business Address: \_\_\_\_\_
Business Mailing Address (if different from above): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ # of Employees: \_\_\_\_\_
Federal Tax #: \_\_\_\_\_ Contractor State #: \_\_\_\_\_
Sales Tax #: \_\_\_\_\_ (COPY OF CERTIFICATE REQUIRED)
S.A.V.E #: \_\_\_\_\_
Owner Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_
Owner Address: \_\_\_\_\_
Cell Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ E-Verify #: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_ Georgia DL #: \_\_\_\_\_
(Card must be verified) (Copy of license required)

Manager/ Operator (of different than above)
Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_
Home Address: \_\_\_\_\_ Web Address: \_\_\_\_\_
Cell Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_ Georgia DL #: \_\_\_\_\_
(Card must be verified) (Copy of license required)

Do you own or rent the property where your business will be located? OWN RENT
(If you rent, please fill out the following information completely.)
Owner of Building: \_\_\_\_\_ Home Phone #: \_\_\_\_\_
Owner Address: \_\_\_\_\_ Business Phone #: \_\_\_\_\_
Other Phone #: \_\_\_\_\_

\*\* I certify that the information is correct and true to the best of my knowledge and further understand that the above information will be checked by the City of Vienna. I authorize the City of Vienna to check my driving and criminal records file. I further certify that the business being registered herein is not considered adult amusement, adult entertainment, or a sexually oriented business as defined in Chapter 6.137 of the City of Vienna Code of Ordinances. I understand that any false statements may result in rejection of my application.

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

FOR THE USE OF CITY OF VIENNA

Zoning of Business Address: \_\_\_\_\_ Is Zoning Compatible with Proposed Business: \_\_\_\_\_

Table with 3 columns: Department Name, Approval Status (Approved/Denied), and Date. Rows include Chief of Police, Planning Director, City Administrator, and Fire Department.

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2022

CITY OF VIENNA
203 W COTTON STREET
PO BOX 436
VIENNA, GA 31092
OFFICE: 229-268-4744 FAX: 229-268-6172

This application with remittance in full must be completed and returned with full payment on or before February 2, 2022. If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME:
ADDRESS:
ADDRESS 2:
CITY, ST., ZIP:
PHONE:
LOCATION:
BUSINESS:
RESP. PERSON:

TAX ID NUMBER:
OWNERSHIP TYPE:
(Corp., Individual, Partnership, Etc.)

CALCULATION OF LICENSE FEE:

LICENSE FEE

OCCUPATIONAL (See rate schedule below)
OCCUPATION TAX means a tax levied for revenue purposes on persons, partnerships, corporations or other entities for engaging in an occupation, profession or business in the City of Vienna.
Late Payment Penalty
Total Payment

(Multiply total number of employees, including yourself if you work, by the employee tax)
\*Two part-time employees equals one full-time employee\*

Signature Title Date

Table with 3 columns: Description, RATE, TOTAL FEE. Rows include Administrative Fee, First 3 employees, Next 3 employees, etc.

PLEASE NOTE:

If not paid by March 3, 2022, a 10% penalty will be assessed. Please call City Hall for your amount.

***Affidavit Verifying Status  
For City Public Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Vienna, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my applicant for a City of Vienna, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

\_\_\_\_\_  
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) \_\_\_\_\_ I am a United States citizen.

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

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 Code Section 16-10-20 of the Official Code of Georgia.

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

Printed Name: \_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

Notary Public  
My Commission expires:

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_