

1/7/2013

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2013

City of Greensboro
212 North Main Street
Greensboro, GA 30642

This Application with remittance in full must be completed and returned
with full payment on or before **1/15/2013**
If no longer in business, please so indicate and return the application.

PHONE: 706-453-7967 FAX: 706-453-2912

<u>BUSINESS NAME AND MAILING ADDRESS</u>	<u>EMERGENCY CONTACT NAME AND ADDRESS</u>
NAME: _____	_____
ADDRESS: _____	_____
ADDRESS 2: _____	_____
CITY, ST., ZIP: _____	_____
PHONE: _____	_____
LOCATION: _____	TAX ID NUMBER: _____
BUSINESS CLASS: _____	OWNERSHIP TYPE: _____ (Corp., Individual, Partnership, Etc.)
BUSINESS DESC: _____	E-VERIFY ID: _____
RESP. PERSON: _____	OFFICE USE ONLY: CODE: _____ RESIDENT: _____ RENEW: _____ FAL: _____
ACCOUNTANT NAME: _____	
BONDING COMPANY: _____	
BOND NUMBER: _____	
OTHER LICENSE # _____	

CALCULATION OF LICENSE FEE:

LICENSE FEE

GROSS RECEIPTS \$ _____	(See rate schedule below)	_____
	Late Payment Penalty	_____
	Total Payment	=====

- 1-9 EMPLOYEES \$50.00
- 10-49 EMPLOYEES \$75.00
- 50+ EMPLOYEES \$100.00

_____	_____	_____
Signature	Title	Date

Calculation of license fee based on rate schedule

	<u>RATE</u>	<u>TOTAL FEE</u>
For Gross Receipts not exceeding \$0	\$0.000000	_____
On each additional \$0 or fraction thereof between \$0 and \$0	\$0.000000	_____

PLEASE NOTE:

PLEASE MAKE ANY CHANGES IN THE APPROPRIATE AREAS.