



Tax Commissioner's Office
188 Third Street, Macon, Georgia 31201
Mail to: Tax Commissioner's Office PO Box 4503
Macon, GA 31208-4503

Renewal Application for Sunday Sales Permit \$300 Renewal Sunday Sales Permit Fee

Business Information

Corporation Name: _____

Business Trade Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone Number: _____ Alcohol License Number: _____

Agent Information

Agent's Name: _____ Agent's Title _____

Home Address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Email Address: _____

Certification

I certify that the information disclosed in this application is true and correct, and I agree to abide by, observe, and conduct business according to the rules and regulations prescribed by Macon-Bibb County, the acts of the Georgia General Assembly, and the State Department of Revenue.

Agent's Signature

Date

I hereby certify that _____ signed his/her name to the forgoing statement after stating to me under oath administered by me, that all statements and answers are true and correct.

This ____ day of _____ 20 ____

NOTARY PUBLIC

MY COMMISSION EXPIRE

**NO SUNDAY SALES PERMIT WILL BE ISSUED UNTIL A
CERTIFIED PUBLIC ACCOUNTANT PROVIDES A
CERTIFICATION OF ONE OF THE FOLLOWING:**

That the Certified Public Accountant has conducted an actual review of the applicant's total gross sales for the licensed location, or substantially similar additional location, during the 12-month period ending on the last day on the month immediately preceding the filing date of this application;

OR

If the applicant has been in business for more than 6 months, but less than 12 months, that the Certified Public Accountant has conducted an actual review of the applicant's total gross sales for the licensed location, for the time the applicant has been in business;

CPA CERTIFICATION

Applicant's Business Name: _____

Applicant's Business Name: _____
Street City State ZIP

FOR BUSINESSES OPEN UNDER 6 MONTHS ONLY

Name of Similar Business Run by Applicant: _____

Address of Similar Business: _____
Street City State Zip

Phone Number of Similar Business _____

Certification

I hereby certify (check one):

For Locations That Have Operated for 6 Months or More:

_____ That I have conducted an actual review of the above-named Applicant's total gross sales for the full twelve- month period ending on the last day of the month preceding the date of this certification, or for each complete month the above-named Applicant has been in business if at least six, but fewer than twelve months, and have found that more than fifty percent of said gross sales have come from the sale of prepared meals or the renting of rooms for overnight stay.

For New Locations:

_____ That the above-named Applicant's business has operated for fewer than six months, and that the Applicant named herein operates a similar business, as identified above, for at least twelve months. I have conducted an actual review of the total gross sales for this similar business, for the full twelve-month period ending on the last day of the month preceding the date of this certification, and have found that more than fifty percent of said gross sales have come from the sale of prepared meals or the renting of rooms for overnight stay.

CPA Name

GA CPA License Number

CPA Signature

Certification Date

SUBSCRIBED AND SWORN BEFORE ME ON

THIS _____ DAY OF _____, 20____

NOTARY

MY COMMISSION EXPIRES