



**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

**MACON-BIBB COUNTY, GEORGIA**  
**(S.A.V.E.) SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS**  
**O.C.G.A. § 50-36-1 (e) (2) Affidavit**

By executing this affidavit under oath, as an applicant for a Macon-Bibb County, Georgia, Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1; the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the attached list.**
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

**Please check only one option above and submit the required documents with your application.**  
**Please note that the failure to do so will result in a processing delay.**

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.

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.

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

Printed Name of Applicant: \_\_\_\_\_

\*Signature of Applicant: \_\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

SUBSCRIBED AND SWORN BEFORE ME ON

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES