



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

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 Expires

**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 Address: _____
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 Public

My Commission Expires

Macon-Bibb County Certificate of Good Standing

1. Name and Title of the applicant: _____

2. Name of the subject of this Certificate, if different from the applicant:

3. Benefit or privilege for which the applicant is applying (mark one):

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Plat Approval	<input type="checkbox"/> Building Inspection Report	<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Alcohol License (Any)	<input type="checkbox"/> Privilege License (Any other than alcohol)	<input type="checkbox"/> Political Appointment	<input type="checkbox"/> Competitive Contract Bid or Proposal
<input type="checkbox"/> Non-Competitive Contract over \$50,000	<input type="checkbox"/> Registering to Bid on Real Property	<input type="checkbox"/> Other: _____	

4. If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% or more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

5. I, the undersigned, do hereby swear or affirm that the information contained in this Certificate is true and complete to the best of my available knowledge. I further swear or affirm that, as of today, none of the individuals or entities listed in this Certificate are more than 90 days delinquent on the payment of any ad valorem property taxes due to the Macon-Bibb County Government. I understand that giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

Print and Sign Name

Sworn to and subscribed before me this
_____ day of _____, 20____.

Notary Public
My Commission Expires: