



Mail to: Tax Commissioner's Office  
PO Box 4503  
Macon, GA 31208-4503

## INSURANCE AGENCY APPLICATION

CIRCLE ONE:                      **NEW**                                      **CHANGE OF ADDRESS**                                      **RENEWAL**

### SECTION 1: BUSINESS INFORMATION

**Business Name:** \_\_\_\_\_ **Corporate Name:** \_\_\_\_\_

**NAIC Number:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**Local Business Address:** \_\_\_\_\_  
(P.O. Box Not Allowed)                                      City                                      State                                      Zip

**Mailing Address:** \_\_\_\_\_  
City                                      State                                      Zip

**Local Business Phone #:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Contact Phone #:** (\_\_\_\_) \_\_\_\_\_

### SECTION 2: BUSINESS OWNER INFORMATION

**Ownership Status:**    **Sole Proprietor**    **Partnership**    **LLC**    **INC**    **Non-Profits are Exempt**

**Name of Business Owner:** \_\_\_\_\_ **Owner's Phone #:** (\_\_\_\_) \_\_\_\_\_

### SECTION 3: LICENSE FEE

**\$150.00**

### CERTIFICATION

I certify that all information provided is true and correct and that I have paid the correct fees owed by the named business to Macon-Bibb County.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_ Applicant's Job Title: \_\_\_\_\_

**While you do not have to submit additional documents to the Tax Commissioner's Office, please note that all entities will need a compliance form through Planning & Zoning.**

**Those entities that are not home occupations will need evidence of a fire inspection.**

- Zoning Compliance Form - (478) 751-7460
- Evidence of a Fire Inspection - Home Occupations are the exception to this rule unless there will be customers and/or employees coming into the home. (478) 751-2700