

**MANCHESTER COMMERCIAL LICENESE CHECK LIST**  
**\*\*\*\*FORMS MUST BE FILLED OUT COMPLETELY\*\*\*\***

- Copy of Lease (if renting)
- Buyers Agreement (if you own the building)
- Closing Statement (if recent purchase)
  
- Sales Tax ID 404-417-4490 / Employer Identification Number 1-800-829-4933
  
- Legal I.D. Number of Property
  
- State License (if license required by the State of Georgia)
  
- Department Of Agriculture Inspection (if applicable, 404-656-3645)
  
- Health Inspection (Health Department, \_\_\_\_\_)
  
- Incorporation Letter (Corporation, Closed Corporation Or LLC)
  
- Completed Building & Zoning Approval Form (form must be approved before applying for a license)
  
- Completed Emergency Business Listing Form
  
- Completed Application
  
- Check Or Money Order, payable to the City of Manchester (\$\_\_\_\_\_ Administration Fee)
  
- Mobile Home Parks must Provide an Inventory of all Mobile Homes Located in the Park and Provide Approval from the Meriwether County Tax Commissioners Office

*NOTE: IF YOU HAVE PURCHASED AN EXISTING BUSINESS, THE OLD BUSINESS OWNER MUST CLOSE OUT THEIR BUSINESS AND ALL TAXES ASSOCIATED WITH BUSINESS MUST BE PAID IN FULL PRIOR TO THE ISSUANCE OF NEW OWNER'S BUSINESS LICENSE.*

**CITY OF MANCHESTER COMMERCIAL LICENSE APPLICATION**

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
Business Owner: \_\_\_\_\_  
Business Contact / Manager: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Federal Employer Identification Number / Ga sales tax I.D. #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Business Description: \_\_\_\_\_

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**CORPORATION / LIMITED LIABILITY COMPANY (if applicable)**

Corporation / LLC Name: \_\_\_\_\_  
Corporation / LLC Address: \_\_\_\_\_  
City / Zip: \_\_\_\_\_  
Corporation / LLC Phone Numbers: \_\_\_\_\_  
President / Manager Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Date of Incorporation / LLC: \_\_\_\_\_ State of Incorporation / LLC: \_\_\_\_\_  
(Please provide proof of Incorporation / Limited Liability from the Secretary of State)

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**SINGLE PROPRIETOR / PARTNERSHIP (if applicable)**

Owners Name: \_\_\_\_\_  
Owners Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Owners Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Co / Owners Name: \_\_\_\_\_  
Co / Owners Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_  
Co Owner's Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

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**STATE LICENSE**

(If State license is required for your type of business, please attach a copy)

License Name: \_\_\_\_\_ License Number: \_\_\_\_\_

*I hereby make application for a Business Certificate to conduct the above-described business in the City of Manchester. I understand that approval must be obtained from the departments having authority prior to issuance of said certificate. By the signature below, I do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this license.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**COMMERCIAL BUSINESS LICENSE  
MANCHESTER POLICE DEPARTMENT  
EMERGENCY BUSINESS LISTING INFORMATION  
(FORM MUST BE FILLED OUT COMPLETELY)**

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

Business Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Contact / Manager: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Name and Telephone Number of Alarm Company: \_\_\_\_\_

Normal Hours of Operation: \_\_\_\_\_

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**IN CASE OF EMERGENCY CONTACT  
(AT LEAST THREE PEOPLE AT DIFFERENT LOCATIONS WITH PHONE NUMBERS)**

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

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

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

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

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

Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

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**COMMENTS**

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**COMMERCIAL BUSINESS LICENSE APPROVAL**  
**\*\*\*\*THIS FORM MUST BE APPROVED BY THE CITY OF MANCHESTER**  
**BUILDING & ZONING DEPARTMENT'S BEFORE APPLICATION FOR A**  
**COMMERCIAL BUSINESS LICENSE WILL BE ACCEPTED\*\*\*\***

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

LEGAL ID # OF PROPERTY: \_\_\_\_\_

LANDLORD / PROPERTY OWNERS NAME: \_\_\_\_\_

(If renting / leasing you must provide a copy of lease agreement)

COMPLEX NAME (IF APPLICABLE): \_\_\_\_\_

PRIOR BUSINESS NAME AT THIS LOCATION: \_\_\_\_\_

PRIOR USE OF BUILDING: \_\_\_\_\_

LAST DATE A LICENSE WAS ISSUED AT THIS LOCATION: \_\_\_\_\_

WILL ANY CONSTRUCTION BE REQUIRED: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

<b>Zoning Department</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Signature	_____ Date
<b>Building Department</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Signature	_____ Date

**STATUS AFFIDAVIT  
FOR  
CITY OF MANCHESTER  
APPLICATION FOR PUBLIC BENEFIT**

By executing this affidavit under oath, as an applicant for a City of Manchester, Georgia  
\_\_\_ Business License/Occupation Tax Certificate, \_\_\_ Alcohol License, \_\_\_ Insurance Company  
License, \_\_\_ Taxi Permit, or \_\_\_ Other as referenced in O.C.G.A. Section 50-36-1, I am stating  
the following with respect to my application for a City of Manchester \_\_\_ Business  
License/Occupation Tax Certificate, \_\_\_ Alcohol License, \_\_\_ Insurance Company License,  
\_\_\_ Taxi Permit, or \_\_\_ Other for \_\_\_\_\_.  
(Name of natural person applying on behalf of individual,  
business, corporation, partnership, or other private entity)

- 1) \_\_\_ I am a United States citizen
  
- 2) \_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise  
qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18  
years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and  
willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall  
be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alien Registration number for non-citizens

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and  
Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because  
legal permanent residents are included in the federal definition of "alien", legal permanent  
residents must also provide their alien registration number. Qualified aliens that do not have an  
alien registration number may supply another identifying number: \_\_\_\_\_



## The Office of Secretary of State

Brian P. Kemp

SECRETARY OF STATE

July 12, 2011

Dear Business License Holder,

The Secretary of State's Professional Licensing Boards Division currently issues professional licenses through 36 boards. In addition to providing licensure for qualified individuals, the Secretary of State's Office investigates unlicensed practice on behalf of the Georgia Board of Dentistry.

Please note that O.C.G.A. § 36-60-6(a) reads in part:

*Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented.*

The aforementioned code section refers to *any* of the professions that are regulated by this Division.

As such, we have recently communicated with local business licensing authorities in an effort to ensure individuals have obtained the necessary professional licensure prior to obtaining a business license. We are asking local municipalities to verify state licensure by visiting the Secretary of State's website at <https://secure.sos.state.ga.us/myverification/> before a local business license is issued or renewed.

Please accept this letter as a reminder that no business license should be issued for professions which require state licenses, unless there is verification of such license.

Sincerely,

Anita O. Martin, Executive Director  
Georgia Board of Dentistry



## OFFICIAL NOTICE

### RESIDENTIAL AND GENERAL CONTRACTORS MUST BE LICENSED EFFECTIVE JULY 1, 2008

Pursuant to Georgia law O.C.G.A. 43-41, the following contractor types must obtain a license from the **Georgia State Board of Residential and General Contractors** by July 1, 2008:

- **Residential-Basic Contractor:** Those who perform contract work relative to detached one-family and two-family residences and one-family townhouses not over three stories in height.
- **Residential-Light Commercial Contractor:** Those who perform contract work or activity related to multifamily and multiuse light commercial buildings and structures.
- **General Contractor:** Those who perform unlimited contractor services in commercial construction, including private, public, institutional and industrial contracting.

**All applicants for licensure must pass a two part examination:** A practical section related to the license they are trying to obtain and a business and law section. Applications for examination may be found on the Board's website at: [www.sos.ga.gov/plb/contractors](http://www.sos.ga.gov/plb/contractors). Once approved by the Board to sit for the examination, applicants will receive a letter with instructions to schedule the examination. Examinations are offered Mondays through Fridays in Atlanta, Macon, and Tifton. Please submit your application for examination well in advance of July 1, 2008 to allow sufficient time to process your application and to take the exam.

The **educational and experience requirements** for each license type are as follows:

- **Residential-Basic Contractor:** Applicants must have 2 years of experience working as or in the employment of a residential contractor, or other experience deemed substantially similar by the Board; and applicants must have significant responsibility for the successful performance and completion of at least two projects falling with the residential-basic category within the two years preceding application.
- **Residential-Light Commercial Contractor:** Applicants must have obtained a 4 year degree from an accredited college or university in the field of engineering, architecture, construction management, building construction, or related field and 1 year of experience working as or in the employment of a residential or general contractor; **or**, applicants must provide a combination of academic credits from any accredited college level courses and experience working as or in the employment of a residential or general contractor, or other experience equaling four years in the aggregate; **or**, applicants must have obtained 4 years of proven active experience working in a construction related field, at two least 2 years of which must have been working as or in the employment of a residential contractor; **and** applicants must have had significant responsibility for the successful performance and completion of at least 2 projects falling within the residential-light commercial category within the four years preceding application.
- **General Contractor:** Applicants must have obtained a 4 year degree from an accredited college or university in engineering, architecture, construction management, building construction, or other field acceptable to the division and 1 year of work experience as or in the employment of a general contractor; **or**, applicants must have a combination of college level academic accredited courses and proven experience working as or in the employment of a general contractor equaling at least four years in the aggregate; **or**, applicants must have a total of at least 4 years of proven active experience in a construction industry related field, at least two of which shall have been as or in the employment of a general contractor and at least one of which shall have been in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management.

For a comprehensive list of *frequently asked questions, state laws, a side-by-side comparison of the contractor categories and board rules*, please visit: [www.sos.ga.gov/plb/contractors](http://www.sos.ga.gov/plb/contractors).

Georgia State Board Residential and General Contractors  
P.O. Box 13446 • Macon, Georgia 31208 • 478-207-2440  
[www.sos.ga.gov/plb/contractors](http://www.sos.ga.gov/plb/contractors)