

CPA Certification Form

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