

# City of Walnut Grove

2581 Leone Avenue, Walnut Grove, GA 30052  
(770)787-0046

**FEEES: Renewal/New \$100.00**

**Late Fee \$25.00**

**(Assessed January 1, 2025)**

## Business License Application

NAME OF BUSINESS \_\_\_\_\_

ADDRESS of BUSINESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ **EMAIL** \_\_\_\_\_

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

APPLICANTS NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

If corporation or partnership please attach names, home address, emails, and phone numbers of officers, directors, and partners.

STATE LICENSE # \_\_\_\_\_ EXPIRATION DATE (if applicable) \_\_\_\_\_

**WE REQUIRE A COPY OF THE STATE LICENSE AND DRIVERS LICENSE OF APPLICANT**

FEDERAL IDENTIFICATION # \_\_\_\_\_

If your property is not zoned commercial, is your business considered a Home Occupation.

HOME OCCUPATION \_\_\_\_\_ YES \_\_\_\_\_ NO

ALL INFORMATION FURNISHED SHALL BE KEPT IN STRICT CONFIDENCE BY THE CITY.

FALSE STATEMENT ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE REVOCATION OF SUCH LICENSE. IF LICENSE IS ISSUED, THE LICENSE IS NOT TRANSFERABLE AND IS SUBJECT TO BE REVOKED IF ABUSED, WITH OR WITHOUT NOTICE OR HEARING. **NO LICENSE WILL BE ISSUED IF CITY OR COUNTY TAXES ARE IN ARREARS.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
MAYOR OR MAYOR PRO TEM

\_\_\_\_\_  
ZONING ADMINISTRATOR

\_\_\_\_\_  
COUNCIL MEMBER

\_\_\_\_\_  
COUNCIL MEMBER

\_\_\_\_\_  
COUNCIL MEMBER

\_\_\_\_\_  
ATTEST: CITY CLERK

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

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### BUSINESS EMERGENCY CONTACT INFORMATION

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

Address: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_

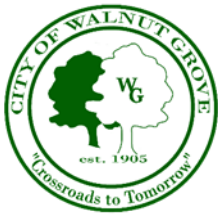
Type of Business: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_

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## **Business License Application**

### **O.C.G.A. 50-36-1 Affidavit of License or Permit Applicant or Benefit Applicant**

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States Citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:  
\_\_\_\_\_.

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.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

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.

Executed this the \_\_\_ day of \_\_\_\_\_, 202\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

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

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

*\*This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

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### Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) business license/occupation tax certificate as reference in O.C.G.A. § 36-60-6(d), from the Walnut Grove, Georgia, the undersigned applicant representing the private employer known as \_\_\_\_\_ (business name) verifies one of the following with respect to my application for the above mentioned document:

1. Check box (a) or (b) below:

a)  On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees.

b)  On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees.

**\*\*\*If the employer checked box (a) must fill out Section 2 below.**

2. By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization company identification number (not federal employer identification number) and date of authorization are as follows:

\_\_\_\_\_ Federal Work Authorization Company Identification Number

\_\_\_\_\_ Date of Authorization

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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 allowed by such statute.

Executed on the \_\_\_\_ Day of \_\_\_\_\_, 202\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent of Company

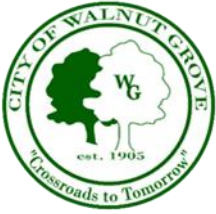
\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_

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

My commission Expires: \_\_\_\_\_

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### **Requirements for Home Occupational Business License**

1. The occupation shall be carried on only by members of the family residing in the residence.
2. No on-site sale of any item(s) or service may occur.
3. The home occupation shall not involve group instruction or group assembly.
4. There shall be no exterior evidence of the home occupation.
5. The home occupation shall not increase traffic or parking
6. No equipment may be used or stored except that normally used for purely domestic or household purposes. Samples may be kept on the premises, but not sold or distributed from the residence.
7. Signs identifying the home occupation are prohibited.
8. No more than 25 percent of the dwelling unit may be used for the home occupation.
9. Only one business vehicle, used exclusively by the resident, is allowed. It must be parked in the carport, garage, or rear yard. It shall be no larger than a pick-up truck or van, nor have a carrying capacity of more than one and one-half tons.
10. The following uses may not be considered for home occupations: auto repair, sales, or similar operations, restaurants, funeral homes, keeping of animals, retail or wholesale sales, storage or warehousing of material, equipment, or merchandise, hotel or motel type establishments, adult entertainment, any business involving alcohol, drugs or medications, or any use that conflicts with the intent of city Ordinances.
11. No equipment or processes shall be used in such home occupation, which creates noise, vibration, glare, fumes, odors, or electrical interference, outside the dwelling unit. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any television or radio receivers off the premises, or cause fluctuations in line voltage off the premises.

This is to verify that I have read and do understand the regulations that govern a Home Occupation. I also understand that if I fail to abide by these regulations my Home Occupation Business License will be revoked.

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Signature

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Date

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