

FEES: Renewal/New \$100.00

Late Fee \$25.00

(Late Fee Assessed January 15)

City of Walnut Grove
2020 Business License Application/Renewal

NAME OF BUSINESS
ADDRESS
PHONE #
DESCRIPTION OF BUSINESS

APPLICANTS NAME:
HOME ADDRESS
PHONE #
HOME OFFICE ADDRESS IF CORPORATION OR PARTNERSHIP
NAMES, HOME ADDRESSES AND PHONE NUMBER OF OFFICERS AND DIRECTORS IF CORPORATION
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, your business is considered a Home Occupation.
HOME OCCUPATION YES NO

HAVE THE APPLICANT, PARTNER, OFFICER OR DIRECTOR EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY VIOLATION OR ANY AND ALL LAWS ANY AND ORDINANCES OF THE CITY, STATE OR FEDERAL GOVERNMENT?
(If yes explain on reverse side)

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 LICNESE. IF LICNESE IS ISSUED, THE LICENSE IS NOT TRANSFERABLE AND IS SUBJECT TO BE REVOKED IF ABUSED, WITH OR WITHOUT NOTICE OR HEARING.

SIGNATURE OF APPLICANT DATE

MAYOR

MAYOR PRO-TEM

COUNCIL MEMBER

COUNCIL MEMBER

COUNCIL MEMBER

ATTEST: CITY CLERK

Sworn and subscribed before me this day of

APPROVED

DENIED

# 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: \_\_\_\_\_

## AFFIDAVIT OF LICENSE OR PERMIT APPLICANT OR BENEFIT APPLICANT

As an applicant for any city: 1) License, 2) permit or 3) benefits (including new employment by the city which provides employee benefits, and including labor and construction and other independent contractor contracts with the city which provides benefits to the contractor), in compliance with Georgia Code Section 50-36-1, the Georgia Security and Immigration Compliance Act, and per the Federal "Systematic Alien Verification for Entitlements (SAVE) Program, I sign the affidavit under oath, certifying I am not an unauthorized alien, and further certifying none of my employees or subcontractors (if any) are unauthorized aliens, and furthermore I initial the appropriate designation for myself below:

\_\_\_\_\_ I am a United States citizen;

OR

\_\_\_\_\_ I am legal permanent resident 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older (alien registration number as follows: \_\_\_\_\_), and I certify that I am lawfully present in the United States.

In making the above sworn certification, 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 code section 16-10-20 of the Official Code of Georgia.

Applicant Signature: \_\_\_\_\_

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

## AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICANT

By executing this affidavit under oath, as an applicant for the City of Walnut Grove, Georgia Business License or Occupation Tax Certification, Alcohol License, Taxi Permit or other public benefit 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 Walnut Grove, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for \_\_\_\_\_.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

1) \_\_\_\_\_ I am a United States Citizen

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or \* 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 or representation in an affidavit shall be guilty of a violation of Code Section 160-10-20 of the Official Code of Georgia.

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

Date: \_\_\_\_\_

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

\*Alien Registration Number for Non-Citizen: \_\_\_\_\_

*\*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 below:*

\_\_\_\_\_

**PRIVATE EMPLOYER AFFIDAVIT URSUANT TO §O.C.G.A. 36-60-6(d)**  
**Required by the State of Georgia**

By Executing this affidavit under oath, as an applicant for an occupational tax certificate (Business License) as referenced in §O.C.G.A. 36-60-6(d), from the City of Walnut Grove, the undersigned applicant representing the private employer known as \_\_\_\_\_, verifies one of the following with respect to my application for the above mentioned document:

- (a) \_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed (11) or more employees. (Please fill out Section 2 and 3 below).
- (b) \_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed (10) or less employees. (Please fill out Section 3 below).

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in §O.C.G.A. 36-60-6(d). The undersigned private employer also attests that its federal work authorization user identification number and the date of authorization are as listed below:

\_\_\_\_\_  
Federal Work Authorization User Identification Number (E-Verify Number)

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

3. 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 \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_(city),  
GA, (state).

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

\_\_\_\_\_  
Printed name of and title of Authorized Officer or Agent