

30 Burge's Mill Road
Euharlee, GA 30145
Phone: 770-386-1542 Fax: 770-386-1342

**BUSINESS LICENSE
APPLICATION**

(Completed by Office) Data entered by: _____ Business License # _____ For Year: _____
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APPLICATION FOR BUSINESS LICENSE

This application must be submitted to EUHARLEE CITY HALL. The application must be filled out completely (ALL THREE PAGES) to obtain a business license. This application will not be processed if it is not accompanied by the appropriate tax or fee. **Please print with INK or TYPE.**

Federal Tax ID # _____ State Tax ID # _____ SS # _____

Business is: () Corporation () Sole Proprietor () Partnership

Owner Name _____ DOB _____

Partner Name _____ DOB _____

Phone # _____ Secondary Phone # _____

Owner's Full Address _____

Name of Business _____

Business Street Address _____

Business Mailing Address _____

Corporate Home Office Address _____

Business Phone # _____ E-mail Address _____

If you are required to be licensed by the State of Georgia, a copy of your state license must be presented with this application.

Full Description of Business _____

Date Business began in the City of Euharlee _____ # of Employees (including yourself) _____

Tax Parcel ID _____

(You may obtain your Tax Parcel by looking at your previous years tax bill.)

Zoning - 770-386-1542 30 Burge's Mill Rd. Euharlee, GA 30145 Property Zoned _____

State License # (if required by your occupation) **Attach Copy** _____

I will comply with all restrictions as outlined in the above applicable ordinances. Please see appropriate office to obtain a copy of such ordinances.

I certify that the foregoing information is true and correct. I understand that falsification of any part of this application could cause denial or revocation of the license. I also certify this business is not a "Sexually-oriented business" as that term is defined in the City of Euharlee Adult Entertainment ordinance. I understand that an occupational tax certificate does not excuse compliance with any other applicable city ordinance, does not vest rights to the operation of a business and may be revoked under the terms of the City of Euharlee occupational tax ordinance or for violations of other city ordinances or applicable laws or if the business is prohibited under other applicable ordinances or laws.

Applicant Signature _____ Date _____ Title () Owner () Manager () Other

Affidavit Verifying Status for City of Euharlee Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Euharlee, Georgia Business License, Malt Beverage License or Occupation Tax Certificate as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application.

_____ Name

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am 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.

_____ Alien Registration # for non-citizens

_____ Expiration Date

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 16-10-20 of the Official code of Georgia.

I am using a _____ as my valid form of Identification.

(Approved forms of ID include but not limited to are Drivers' License, or ID Card from all U.S. States, U.S. Military ID Card, U.S. Permanent Resident Card, Passport of a Foreign Government, Certificate of Citizenship, U.S. Passport, Certificate of Naturalization or Canadian Driver's License.)

_____ Printed name

_____ Notary Public Signature

_____ Signature

_____ Commission Expires

_____ Date

_____ Date

{Stamp}



CITY OF EUHARLEE

City of Euharlee
30 Burge's Mill Rd
Euharlee, GA 30145
Phone: 770-386-1542
Fax: 770-386-1349

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

(Please check the appropriate box below and complete, including notarization at bottom)

Employs more than 10 (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer _____
(**business name**) verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-verify. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number (**this number is NOT the FEIN/Federal Employer Identification Number**) and date of authorization are as follows:

Federal Work Authorization User Identification Number (E-VERIFY #)

Date of Authorization

Name of Private Employer

Employs less than 10 (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer _____
(**business name**) verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 10 employees and therefore, is not required to register with and/or utilize the federal work authorization program provision commonly known as E-Verify.

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.

Name of Authorized Agent or Officer

Title of Authorized Agent or Officer

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

AFFIX SEAL