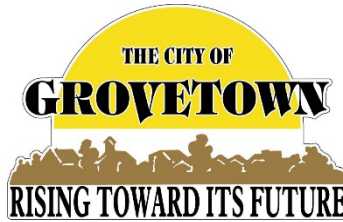


MAYOR  
**Gary E. Jones**

MAYOR PRO TEM  
**Eric Blair**

COUNCILMEMBERS  
**Dr. Sylvia C. Martin**  
**Dr. Deborah M. Fisher**  
**Mrs. Ceretta Smith**



CITY ADMINISTRATOR  
**Elaine Matthews**

CITY ATTORNEY  
**Chris Dube**

CITY CLERK  
**Brian Henderson**

## Occupational (Business) License Application

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

Type of Business:      Commercial Business       Transient Vendor       Home Occupation

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

Business Street Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

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

**\*\*Phone MUST be a landline if business is a commercial business.\*\***

Corporate Status:     LLC     Incorporation     Professional Corporation     Trade Name     Sole Proprietor

Classification of Business: (Briefly describe the dominant line/primary type of business/service to be offered.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Lines of Business: (Briefly describe any secondary lines/additional types of business/service to be offered.)

\_\_\_\_\_  
\_\_\_\_\_

Number of FULL TIME employees (includes owner/manager): \_\_\_\_\_ Number of PART TIME employees: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number & EMAIL \_\_\_\_\_

All licenses must be renewed by March 31<sup>st</sup> of each year regardless of the date of issuance. Licenses are not transferrable from one person to another or business. Certain applications/stipulations may apply and may require the approval of the Mayor and Council. Please call the Planning and Development office at 706-860-5094 if you have any questions.

**I certify that the above information is true and correct. I understand that falsification of any part of this application could cause denial, suspension, or revocation.**

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

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

**THIS AFFIDAVIT MUST BE COMPLETED**

**Verification of Lawful Presence within the United States Pursuant to O.C.G.A. §50-36-1**

By executing this affidavit under oath, as an applicant for a **Business License, Occupational Tax Certificate, or Alcohol License** as referred in O.C.G.A. §50-36-1, from the City of Grovetown, the undersigned applicant verifies one of the following with respect to my application for public benefit:

**Do not check more than one option.**

- 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: (i.e. driver's license, I-551, I-766, Passport, etc.) \_\_\_\_\_.

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 faces criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

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

\_\_\_\_\_  
**Printed Name of Business**

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

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

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. §36-60-6(d):

## Section 1

Please check only one:

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below- signed year, the individual, firm or corporation **employed MORE than ten (10) employees<sup>1</sup>**. **If you select Section 1(A), please fill out Section 2 and then execute below.**

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm or corporation **employed ten (10) or FEWER employees**. **If you select Section 1(B), please skip Section 2 and execute below.**

## Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification  
Number/E-Verify Company ID Number<sup>2</sup>

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

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city). \_\_\_\_\_ (state).

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

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

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

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

<sup>1</sup>To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state or country in which they are based, working at least 35 hours a week.

<sup>2</sup>The E-Verify company ID number, which consists of four to six (4-6) numerical characters, is located on the first page of the memorandum of understanding (MOU) directly below the E-Verify logo. ([www.uscis.gov](http://www.uscis.gov)) Program administrators who have completed the tutorial may also obtain the company ID number as follows:

1. Log in to E-Verify with your assigned user ID and password.
2. From "My Company", select "Edit Company Profile".
3. The Company Information page will display the company ID number.