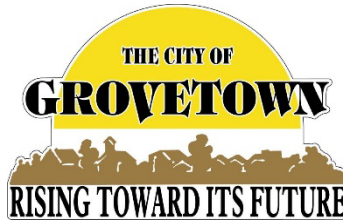


MAYOR
Gary E. Jones

MAYOR PRO TEM
Eric Blair

COUNCILMEMBERS
A. Richard Bowman
Dr. Sylvia C. Martin
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 land line 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 31st 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 1st of the below- signed year, the individual, firm or corporation **employed MORE than ten (10) employees¹**. If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st 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 Number²

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: _____

¹To 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.

²The 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) 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.