

City of Arcade

Office of
Mayor and Council

706-367-5500

PO BOX 417
Jefferson GA 30549

OCCUPATIONAL TAX CERTIFICATE APPLICATION

APPLICATION MUST BE FILLED IN COMPLETELY

TODAY'S DATE: _____ **\$25.00 Fee Due w/Application.** Paid by __CASH or __CHECK # _____

NAME: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

NAME OF BUSINESS: _____ # of Employees: _____

BUSINESS (PHYSICAL) ADDRESS: _____

MAILING ADDRESS: _____

DAYS/HOURS OF OPERATION: _____

GENERAL DESCRIPTION OF BUSINESS CONDUCTED: _____

_____ # OF GAMES: _____

NAME AND ADDRESS OF OFFICERS IF A CORPORATION: _____

NAME AND ADDRESS OF PARTNERS IF A CORPORATION: _____

LIST COMPLETE RECORD OF ALL ARRESTS AND CONVICTIONS AGAINST THE APPLICANT AND EVERY PARTNER,
OFFICER, OR DIRECTOR OF THE APPLICANT FOR VIOLATION OF ANY LAWS AND ORDINANCES OF THE TOWN,
STATE, OR FEDERAL GOVERNMENT: _____

NOTARY PUBLIC SEAL:

SWORN TO AND SUBSCRIBED THIS _____ DAY OF _____, 20____, THAT THE ABOVE
INFORMATION IS CORRECT.

Notary Public Signature



MAYOR
Doug Haynie

COUNCIL MEMBERS

Ron Smith
Cindy Bone
Tom Hays
Jenny Buley
Denise Black

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize the Jackson County Public Safety Communications Center to conduct an inquiry for the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for 90 days from date of signature.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Attorney for Individual (Purpose Code E and U Only)

Bar Number

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES	
E	Employment
M	Employment direct care with Mentally Ill/Developmentally Disabled
N	Employment direct care with Elderly
W	Employment direct care with Children
P	Public Record (no consent required)
F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
J	Civilian Criminal Justice Employment (state and III data received)
Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

☐	No criminal history available
☐	Criminal history available (attached/released)
☐	No NCIC/GCIC Warrant
☐	Possible NCIC/GCIC Warrant (list Wanting agency below)
☐	Wanting Agency Name:
☐	Wanting Agency Telephone:

Agency Designee and Title

Signature

Date

Notary Public

My Commission Expires

Date

City of Arcade

AFFIDAVIT VERIFYING APPLICANT'S LAWFUL IMMIGRATION STATUS

STATE OF GEORGIA

COUNTY OF JACKSON

Before the undersigned officer authorized to administer oaths appeared

_____ who being duly sworn, deposes and states under oath
(*print First, Middle and Last Name here*)
as follows:

I am over the age of 21 years and I am not suffering from any legal disabilities which would prevent me from making this affidavit.

I am executing this affidavit under oath as an applicant for a City of Arcade, Georgia Business License or Occupational Tax Certificate, Alcohol License or other public benefit is defined in O.C.G.A. §50-36-1. I am applying for this public benefit on behalf of the following individual, business, corporation, partnership or other private entity:

(*print First, Middle and Last Name here*)

Check the following option (1) or (2) that applies to you:

(1)___ ***I am a United States citizen***
OR

(2)___ ***I am a legal, permanent resident 18 year of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States with an Alien Registration number of:***

_____.

In making this affidavit, 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.

Signature of Applicant

Date

Applicant's PRINTED First, Middle, and Last Name

Sworn to and subscribed to before me, this the
_____ day of _____, 20_____.

Notary Public

My Commission Expires