City of Tybee Island
Business/Occupational Tax License Application
403 Butler Avenue, P.O. Box 2749, Tybee Island, Georgia 31328
(912)472-5094 | summer.woodend@cityoftybee.gov

☐ New License ☐ Renewal ☐ Transfer of Ownership

Any business that requires state licensing must present copy of state license and a valid drivers license when applying.

Business Name:_____

DBA Name(if applicable):_____

Business Address:_____

Mailing Address(if different):_____

Business Phone:_____

Federal Tax ID#:_____ **Sales Tax ID#:**_____

Business Type: (Select One)

☐ Advertising	☐ Beer/Wine/Liquor Retail	☐ Laundry Mat/Services	☐ Restaurant (Alcohol)
☐ Architect	☐ Computer Services	☐ Legal	☐ Restaurant (No Alcohol)
☐ Assembly Hall	☐ Contractor	☐ Massage Thearapy	☐ Retail
☐ Auto Repair	☐ Cosmetology	☐ Museum	☐ School
☐ Bakery	☐ Grocery Store	☐ Parking Lots	☐ Sporting/Recreation
☐ Bar/lounge	☐ Healthcare	☐ Photography/Videography	☐ Tourism
☐ Beach Equipment Rental	☐ Hotel/Motel	☐ Real Estate	☐ Transportation Services
☐ Bed & Breakfast	☐ Insurance Broker/Agent	☐ Rental Property Management	

Describe in detail the business you would like to license:_____
_____
_____

Owners Information:

Name:_____ **Phone:**_____ **Email:**_____

Name:_____ **Phone:**_____ **Email:**_____

Name:_____ **Phone:**_____ **Email:**_____

Owners Authorized Agent(if applicable):

Name:_____ **Phone:**_____
Email:_____

Has this business or anyone connected with this business been convicted of a felony or misdemeanor in any jurisdiction outside of a minor traffic offense within the past three(3) years? YES or NO (Circle One)
If YES, Explain:
_____
_____
_____

City of Tybee Island
Business License Application
403 Butler Avenue, P.O. Box 2749, Tybee Island, Georgia 31328
(912)472-5072 | aleesha.robinson@cityoftybee.gov

Zoning District

*It is the applicant's responsibility to ensure zoning conformance. Any new business must have the Community Development Department's approval and proper permitting. You may contact the Community Development Department at (912)472-5031

Select Zoning District:

Residential Zones

- ☐ R-1
- ☐ R-2
- ☐ R-1-B
- ☐ R-T
- ☐ PUD

Commercial Zones

- ☐ C-1/SE
- ☐ C-1
- ☐ C-2

Is the building capacity notice clearly posted?(Circle One) YES or NO **Where?**_____

***A copy of the occupancy load notice is required when applying**

How do you enforce occupancy load?_____

International Fire Code 2018 ed: [BE] 1004.9 Posting of Occupant Load. Every room or space that is an assembly occupancy shall have the occupant load of the room or space posted in a conspicuous place, near the main exit or exit access doorway from the room or space, for the intended configurations. Posted signs shall be of approved legible permanent design and shall be maintained by the owner or the owner's authorized agent. If the occupancy load has not been established, contact Tybee Island Fire Chief Justin McMillian to schedule an occupancy load inspection at occupancy@cityoftybee.gov

NOTE:

A copy of your Health Inspection is required when applying for any business that has food or alcohol services or Tourist Accommodations(I.E. Hotel/Motel, Bed & Breakfast). Contact the Chatham County Health Department at (912)356-2441

Signature:_____ **Date:**_____

Printed Name:_____

For Office Use Only

Approved By:

Community Development	Code Compliance	Police Department	Licensing
_____	_____	_____	_____

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Tybee Island, Georgia, Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract, or other public benefit as referenced in O.C.G.A. Section 50-36-1, the undersigned applicant representing_____(name of business), verifies one of the following with respect to my application for public benefit:

1) ☐ **I am a United States citizen**.
(document example: Driver's license, US Passport, US Military Card, etc.)

OR

2) ☐ **I am a legal permanent resident of the United States**
(document example: I-551 Permanent Resident Card, Certificate of Citizenship, etc.)

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:_____
(document example: Temporary Resident Card; Employment Authorization Card, etc.)

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), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____

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 as allowed by such criminal statute.

_____ _____
Signature of Applicant Printed Name of Applicant

_____
Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

Notary Public _____

My Commission Expires: _____

PLEASE COMPLETE THIS AFFIDAVIT AND SUBMIT A COPY OF THE VERIFIABLE DOCUMENT

Please ensure this form is notarized before submitting. Notary services are also available at City Hall for your convenience.

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.

E-VERIFY AFFIDAVIT

For Employers with 10 or fewer employees

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

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

Executed on _____ , _____ , 20____ in _____(City), _____(State).

_____
Printed Name of Exempt Private Employer

_____
Signature of Exempt Private Employer or Authorized Officer or Agent

_____
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THE _____ DAY OF _____ , 20____.

_____
NOTARY PUBLIC

For Employers with more than 10 employees

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Federal Work Authorization User Identification Number (**Four-Six numbers**)

_____
Date of Authorization

_____
Name of Private Employer

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 THE _____ DAY OF _____ , 20____.

_____
NOTARY PUBLIC