



P. O. Box 487

West Point, GA 31833

City of West Point Business License Application

Date: _____

Applicant/Licensee: _____

Social Security # ____ - ____ - ____ **& Fed. ID#** _____

State ID# _____

Name of Business: _____

(As you want it to appear on license, for example John Doe D.B.A. J.D's Inc, or just J.D.'s Inc.)

Mailing Address: _____
No. Street City State Zip Code

Telephone No.: _____
Daytime Phone No. Evening Phone No.

Business Location: _____
No. Street City State Zip Code

Type of Business: _____

- 1) This information will be provided to the Georgia Department of Revenue;
- 2) If the person refuses or fails to provide the required information, the City will notify the Georgia Department of Revenue of this fact.

Number of Full Time Employees: _____ **Part Time:** _____ **Avg. Hours:** _____
(including self)

Owner/Company Officer Signature: _____

**License Fee for 1 year \$80.00, includes owner; \$1.00 for each addition full time employee;
& .50¢ for each part time employee.**

City of West Point Use Only

SIC#

License Amount:



Affidavit Verifying Status

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A SECTION 50-36-1, from the City Of West Point, the undersigned applicant verifies one of the following with respect to my applicant for a public benefit:

- 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 is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and had provided at least one secure and verifiable document, as required by O.C.G.A SECTION 50-36-1(e)(1), 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 willingly 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.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

Notary Public

My Commission Expires:



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

By executing this affidavit, under oath, as an applicant for a(n) _____ [Business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C. G. A. § 36-60-6 (d), from the City Of West Point, the undersigned applicant representing the private employer known as _____ [Printed Name of Private Employer] verifies one of the following with respect to my application for the above mentioned document:

1. Please check the one of the following:

- (a) _____ On January 1st, 2012 the individual, firm, or corporation employed five hundred (500) or more employees.
- (b) _____ On January 1st, 2012 the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected option (a), please fill out Section 2 below:

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 (a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person knowingly and willfully makes a false or 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.

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: