



CRAWFORD COUNTY PLANNING & ZONING

P. O. BOX 1054

ROBERTA, GA 31078

TEL: (478)836-3199 FAX: (478)836-9473

The undersigned requests the issuance of a county business license for the calendar year of 2026.
In connection with the foregoing application, the following information is furnished:

1. Name of Applicant: _____
2. Name of Business: _____
3. Telephone Number: Business: _____ Cell: _____
4. Physical Address of Business: _____ City: _____ State: _____ Zip Code: _____
5. Property Owner: _____
6. **PREFERRED MAILING ADDRESS:** _____ City: _____ State: _____ Zip Code: _____
7. **Email Address:** _____
8. Business Type:

9. Describe in detail the type of work to be conducted in this business:

10. Federal Tax ID # (if required): _____
11. E-Verify# (if required): _____
12. State License # (if required): _____ (PLEASE SUBMIT COPY OF STATE LICENSE, IF APPLICABLE)
13. Start Date of Business: _____

☐

Please Check if No Longer in Business. NOTE: Please fill out the application, print, & sign your name, even if you are no longer in business.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY. I FURTHER CERTIFY THAT I AM RESPONSIBLE FOR THE OPERATION OF THE ABOVE BUSINESS AND THAT I AM FAMILIAR WITH THE COUNTY ORDINANCES GOVERNING THE SAME.

Applicant's Name: _____

Applicant's Signature: _____ **Date:** _____

OFFICE USE ONLY

Map #: _____ **Parcel #:** _____ **Property Zone:** _____

License Number: _____ **License Fee Paid:** ☐ Card ☐ Cash ☐ Check (please check one)

Zoning Administrator: _____ **Date:** _____

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

By executing this affidavit under oath, as an applicant for a **Business License** as referenced in O.C.G.A. § 36-60-6(d) from **Crawford County**, the undersigned applicant representing the private employer known as _____
[printed name of Business] verifies one of the following with respect to my application for the above-mentioned document:

Please Check One

- A)** ☐ On January 1st of the below-signed year the individual, firm, or corporation employed more than ten (10) employees.

If the employer selected (A) please fill out the Section below.

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:

Federal Work Authorization User Identification Number

Date of Authorization

- B)** ☐ On January 1st of the below-signed year the individual, firm, or corporation employed less than ten (10) employees

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 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:
