



CITY OF PELHAM
108 HAND AVE W
PELHAM, GA 31779
PHONE (229)294-7900
FAX(229) 294-6028

OCCUPATIONAL LICENSE APPLICATION

Due to changes mandated by State Law (House Bill 362), the City of Pelham now charges an Occupational Tax fee in lieu of a Business License fee. Any occupation requiring a state license, health permits, bonds, or certificates of qualifications must provide such documentation before license can be issued.

PLEASE PRINT

BUSINESS INFO

Business Name: _____ PHONE# _____

Type of Business(Your Business Activity) _____

Physical
Address: _____ City: _____ State: _____ Zip _____

Billing
Address: _____ City: _____ State: _____ Zip _____

Name of manager or contact person: _____

Number of Employee's Full Time ____ Part Time ____ Business Hours _____

OWNER'S INFO

Owner's Name: _____ Phone#: _____

Owner's Address: _____ City: _____ State _____ Zip _____

Business Federal Tax ID#/Owner's Soc. Sec.# _____

APPLICANT

SIGNATURE _____ **DATE** _____

Applicant must provide a valid photo ID.

TO BE COMPLETED BY CODE ENFORCEMENT

Business Location Zoned _____ Application APPROVED / DISAPPROVED

Signature of Approving Officer _____

Note: _____



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By executing this affidavit under oath, as an applicant for a City of Pelham Business License, I am stating the following with respect to my application for a City of Pelham Business License for _____ # _____
[INSERT BUSINESS NAME & BUSINESS LICENSE NUMBER]:

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant _____ Date _____

Printed Name _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 20__

Notary Public

Alien Registration number for non-citizens

My Commission Expires

Acting
Towns

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

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, __, 201__ 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

¹ To 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.