LOCUST GROVE CITY HALL

PO BOX 900 Locust Grove, GA 30248-0900
Telephone: 770-957-5043 Fax: 866-364-0996

OFFICE USE ONLY
□ REGULATORY FEE _____
□ OCCUPATIONAL FEE _____

TYPE OF APPLICATION:
□ NEW LICENSE
□ LICENSE RENEWAL

APPLICATION FOR:
□ COMMERCIAL LOCATION
□ HOME OCCUPATION

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

CORPORATION NAME : (if applicable) _____

FEDERAL ID NUMBER: (if no Fed ID, enter SSN) _____ DRIVERS LICENSE NUMBER/STATE: _____

BUSINESS LOCATION: _____

_____
CITY STATE ZIP

MAILING ADDRESS: (if different from above) _____

_____
CITY STATE ZIP

EMAIL ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS OWNER: _____ ALT PHONE: _____

ADDRESS: _____

_____
CITY STATE ZIP

New State of GA law requires that all business owners show valid proof of U.S. Citizenship. U.S. Passport, social security card, green card or birth certificate are acceptible forms of ID. A drivers license is also required, but is not accepted as proof of citizenship.

These documents will become a confidential and permanent part of the business file.

I hereby make application for an occupational tax certificate to conduct the above described business in Locust Grove City limits. I understand that prior to issuance of said certificate all applicable requirements of Federal, State and/or county agencies, statutes and/or ordinances have been met and payment of the prescribed fees is received. I do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

_____ _____
PRINT NAME TITLE

_____ _____
SIGNATURE DATE

OFFICE USE ONLY	
PROPERTY ZONED	APPROVED/DENIED ZONING
APPROVED/DENIED DIRECTOR or DESIGNEE	APPROVED/DENIED FIRE MARSHALL
APPROVED/DENIED CBI	APPROVED/DENIED ENVIRONMENTAL HEALTH
APPROVED/DENIED POLICE	APPROVED/DENIED OTHER

AFFIDAVIT VERIFYING STATUS for RECEIPT OF PUBLIC BENEFITS
O.C.G.A. § 50-36-1(e)(2) Affidavit
Locust Grove, GA

By executing this affidavit under oath, as an applicant for the City of Locust Grove, Georgia public benefit (defined below), as supplemented by resolution of the City Council, and as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application to the City of Locust Grove:

_____ I am a United States citizen.

OR

_____ I am a legal permanent resident 18 years of age or older, or I am an otherwise 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.*

I understand that "public benefit" includes but is not limited to: Adult education; Authorization to conduct a commercial enterprise or business; Authorization to conduct activities regulated by local government such as flea markets, peddlers, sidewalk vendors, massage therapy, bingo games, adult entertainment, pawn shops, day cares, etc.; Business certificate, license, or registration; Business loan; Cash allowance; Contract for materials or services; Disability assistance or insurance; Down payment assistance; Energy assistance; Food stamps; Gaming license; Health benefits; Housing allowance, grant, guarantee, or loan; Home occupation certificate, license, license and registration; Loan guarantee; Medicaid; Occupational license; Professional license; Registration of a regulated business; Rent assistance or subsidy; Retirement benefits; State grant or loan; State identification card; Tax certificate required to conduct a commercial business; Temporary assistance for needy families (TANF); Unemployment insurance; Vehicles for Hire certificate or license; and Welfare to work.

_____
Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity

_____ _____
Address of applicant named above **Telephone Number**

_____ _____
Name of individual, business, corporation, partnership or other private entity for whom application is being made **Category of Public Benefit**

In making the above representations under oath, I understand that any person who knowing 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.

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

_____
NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

_____ _____
Signature of Applicant **Date**

_____
Printed Name

_____
***Alien Registration Number for Non-citizens**

E-VERIFY AFFIDAVIT

Locust Grove, GA
E-verify Private Employer Affidavit 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(d), stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly know as E-Verify, or any subsequent replacement in O.C.G.A. § 36-60-6(d). Furthermore, the undersigned applicant verifies one of the following with respect to my application for the above mentioned document:

1. (a)_____ The individual, firm or corporation employed more than ten (10) employees.

   (b)_____ The individual, firm or corporation employed ten (10) or fewer employees.

If the employer selected 1(a) please fill out Section 2 below.

2. **The undersigned private employer 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**

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

_____ _____
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: _____