# New Business License Application
## City of Jesup

P.O. Box 427
Jesup, Ga 31598
(912) 427 – 1313

| *OFFICE USE ONLY* |
|---|
| *Approval Date:* |
| *Building Inspector:* |
| *Water Dept:* |
| *DDA:* |

**Date:** _____

**Name of Business:** _____

**Business Address:** _____

**Business Description/Type**_____

**Mailing Address (if different):** _____

**Telephone #:** _____ **FED ID/Sales Tax #:** _____

**Email Address:** _____

**Name of Accountant:** _____

**Owner 1 Name:** _____

**Home Address:** _____

**Phone Number:** _____ **SS#:** _____

**Owner 2 Name:** _____

**Home Address:** _____

**Phone Number:** _____ **SS#:** _____

## Choose 1, 2 or 3 Below:

**(1) Gross Receipts $**_____ @ _____ = _____

**(2) Over the age of 65 Exemption: DOB**_____ **Are you the sole owner of business? Y/N**

**OR (3) *MANUFACTURERS ONLY** *# of Employees*_____ *($11 per employee)* = _____

**Administration Fee= $50**

**Applicant Signature(s):** _____ **Total Business Tax Due:** _____

_____

**FOR TAX OFFICE USE ONLY**

| ACCOUNT NUMBER | CLASS NUMBER | SIC NUMBER | DATE RECEIVED |
|---|---|---|---|
| | | | |

# AFFIDAVIT VERIFYING STATUS
# FOR CITY PUBLIC BENEFIT APPLICATION
# O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a(n) Business License or Occupational Tax Certificate, Alcohol License, Tax Permit or other benefit, as referenced (O.C.G.A. § 50-36-1), from the City of Jesup, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen. (Must include a copy of either current State Driver's License, Passport or other State or Federal issued Government identification)

OR

2)_____ I am a legal permanent resident of the United States.

OR

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. _____.

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)(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 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.

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:

# 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) employees (1).

*** 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 (E-Verify#)

_____
Date of Authorization

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I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 202____ 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: _____

(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.