

**CITY OF EAST ELLIJAY
P.O. BOX 1060
EAST ELLIJAY, GA 30539
(706) 276-3111 Ext. 104 (FAX) 706-276-3112**

Year _____ BUSINESS OCCUPATIONAL TAX PERMIT APPLICATION

DATE OF APPLICATION _____ NEW () RENEWAL ()

BUSINESS NAME _____

TYPE OF BUSINESS _____

LOCATION OF BUSINESS _____

MAILING ADDRESS _____

BUSINESS PHONE NUMBER _____

BUSINESS OWNER NAME & ADDRESS

OWNER PHONE NO. _____ EMERGENCY PHONE NO. _____

FEDERAL I.D # _____ GA SALES TAX I.D # _____

PROFESSIONAL LICENSE # _____ E-VERIFY# _____

PLEASE NOTE: IF COUNTY, STATE, ETC. REQUIRES AN ADDITIONAL LICENSE FOR YOUR OCCUPATION, PLEASE PROVIDE A COPY WITH APPLICATION.

FEE SCHEDULE

<u>NUMBER OF EMPLOYEES</u>		<u>BASE RATE</u>	=	<u>TOTAL DUE</u>
_____	X	<u>\$50.00</u>		<u>\$</u>

PERMIT COST IS BASED ON THE TOTAL NUMBER OF EMPLOYEES, INCLUDING BUSINESS OWNER, SHOWN ON YOUR DECEMBER DOL4 FORM COMPUTED AT THE RATE OF \$50 PER EMPLOYEE.

This application must be completed and returned with full payment to the address shown above on or before 01/13/2024. If no longer in business, please so indicate and return the application.

NEW BUSINESSES MUST ALSO ATTACH A COPY OF COUNTY FIRE INSPECTION CERTIFICATE AND CERTIFICATE OF OCCUPANCY BEFORE LICENSE WILL BE ISSUED.

OFFICE USE ONLY:

PAID _____ PERMIT NUMBER _____

APPROVALS: CODE ENFORCEMENT OFFICER _____ COUNCIL MEETING _____

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC
BENEFIT APPLICATION
CITY OF EAST ELLIJAY, GEORGIA

By Executing This Affidavit Under Oath, As An Applicant For A City Of East Ellijay, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit As Referenced In O.C.G.A. Section 50-36-1, I Am Stating The Following With Respect To My Application For A City Of East Ellijay, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit For:

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

- 1) _____ I Am A United States Citizen
OR
2) _____ 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. *

2a) _____ DOB: ____/____/_____
*Alien Registration Number For Non-Citizens

*Note: O.C.G. A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S. C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

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.

The secure and verifiable document provided with this affidavit can best be classified as:

**** (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)**

Signature of Applicant

Printed Name

MUST BE AFFIXED WITH NOTARY SIGNATURE AND SEAL

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)
CITY OF EAST ELLIJAY, GEORGIA

CHECK ONLY ONE:

By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

OR

By executing this affidavit, the undersigned private employer verifies that it is **exempt** from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

MUST BE AFFIXED WITH NOTARY SIGNATURE AND SEAL

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

Notary Public
My Commission Expires: