

# **EAST ELLIJAY BUSINESS LICENSE APPLICATION INSTRUCTIONS**

When planning to begin a business in the City Limits of East Ellijay, you must first file a Business License application. **You must bring the original application along with a copy of your Driver's License, State Professional License (if applicable), federal and state tax identification documents and your check for the appropriate fees payable to the City of East Ellijay.**

- Restaurants are required to submit a copy of the Georgia Department of Public Health Food Service Permit for such restaurant before a business license will be issued. Information regarding food service permits can be obtained from the Gilmer County Environmental Health Department at 706-635-6050. If applying for an alcohol license, a background check and finger prints will need to be ran.
- The U.S. Internal Revenue Service issues an Identification number (E.I.N.) to any business that: 1) has employees, and/or 2) plans to establish itself as a corporation, partnership, or sole proprietorship (some exceptions may apply). Provide the E.I.N. with your business license application. The telephone number to call to obtain this number is 800-829-4933 or online at [www.irs.gov](http://www.irs.gov)
- The State of Georgia levies a sales and use tax on the retail purchase, retail sale, rental, storage, use or consumption of tangible personal property and on certain services described in the Georgia Code. It is the responsibility of any business owner making transactions subject to this tax to obtain a Georgia Sales and Use Tax number. Provide the Georgia Sales Tax number with your business license application. The telephone number to call to obtain this number is 706-389-6977. The website is [www.etax.dor.ga.gov](http://www.etax.dor.ga.gov). select business taxes, sales tax, and then select on-line business registration.
- Certain professions are required to obtain profession licenses/certifications from the State of Georgia. A few examples of these professions are: Plumbers, Electricians, Heating/Air Conditioning contractors, Attorneys, Physicians, Cosmetologists, and Salons. For more information on Georgia State professional licensing, call the Georgia Secretary of State licensing board at 478-207-2440. Documentation of this certification must be provided with the business license application.
- For sign permits contact the Zoning/Code Enforcement officer at 706-276-3111 ext. 105 or [jwest@eastellijay.org](mailto:jwest@eastellijay.org) for information regarding the number, size, and type of signage that is allowed for your business location. He will also be the one to issue any kind of electrical, plumbing or HVAC permit (if needed). If permits are issued, you must also attach a copy of the Certificate of Occupancy.
- New Businesses must also attach a copy of the County Fire Inspection certificate before license will be issued. Contact the Fire Marshall's office to set up the inspection at 706-635-1333.
- Business Licenses run like the calendar year (Jan.-Dec.). All licenses expire on Dec. 31<sup>st</sup> and have to be renewed before then. Renewal applications are mailed out in November.

**All required documents must be submitted before a business license will be issued.**

**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>
_____	<b>X</b>	<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: