

1/1/2018

HARALSON COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2018

Haralson BOC
155 Van Wert Street
Buchanan, GA 30113

PHONE: 770-646-2002 FAX: 770-646-2035

This Application with remittance in full must be completed and returned with full payment on or before 4/1/2018
If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: _____
ADDRESS: _____
ADDRESS 2: _____
CITY, ST., ZIP: _____
PHONE: _____
LOCATION: _____
BUSINESS 0 _____
BUSINESS DESC: _____
RESP. PERSON: _____
ACCOUNTANT _____
BONDING _____
BOND NUMBER: _____
OTHER LICENSE _____

TAX ID _____
OWNERSHIP TYPE: _____
(Corp., Individual, Partnership, Etc.)

OFFICE USE ONLY:
CODE: _____
RESIDENT: _____
RENEW: _____ FAL: _____

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING: (Check All Applicable)

_____ Business License Fee (\$150) _____ Pouring License (\$200)
_____ Wine License (\$350) _____ Beer License (\$350)

Signature Title Date

PLEASE NOTE:

Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a _____, County Georgia Business 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 _____ County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) 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.*

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____

* _____
Alien Registration number for non-citizens

Notary Public
My Commission Expires:

*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:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) business license/occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from Haralson County, Georgia, the undersigned applicant representing the private employer known as _____ [business name] verifies one of the following with respect to my application for the above mentioned document:

1. Check blank (a) or (b) below:

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees.

*****If the employer checked box (a) must fill out Section 2 below.**

- 2. 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 company identification number (not federal employer identification number) and date of authorization are as follows:

Federal Work Authorization Company Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the _____ day of _____, 201__ in _____ (city),
_____ (state).

Signature of Authorized Officer or Agent of Company

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

MY COMMISSION EXPIRES