

PLEASE COMPLETE ALL ITEMS ON THIS APPLICATION							
<b>Please Check One</b>	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Closure	Date _____			
<b>Business Name</b>	_____						
<b>Corporate Name</b>	_____						
<b>Business Location</b>	_____				<b>Start Date</b>	_____	
<b>Mailing Address</b>	<b>City Address</b>				<b>Sales Tax No.</b>	_____	
	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Federal ID</b>	_____	
<b>Phone Number</b>	<b>Cell</b>	_____		<b>Office</b>	_____		
<b>Email</b>	_____			<b>Website</b>	_____		
<b>Describe Business</b>	_____						
<b>Ownership</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> No-Profit	<input type="checkbox"/> Trust	
<b>State License #</b>	<b>License Type</b>			<b>Expiration</b>	<input type="checkbox"/> VERIFIED		
<b>Driver's License #</b>	_____			<b>State</b>	_____		
<b>*Must submit a copy of Driver's License with this Application.</b>							

OWNERS, PARTNERS, OR OFFICERS OF BUSINESS			
(ATTACH ADDITIONAL SHEET, IF NECESSARY)			
<b>Owner Name</b>	<b>Title</b>	<b>Phone #</b>	
<b>Home Address</b>	_____	_____	
	_____	_____	
	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Name</b>	<b>Title</b>	<b>Phone #</b>	
<b>Home Address</b>	_____	_____	
	_____	_____	
	<b>City</b>	<b>State</b>	<b>Zip</b>

EMPLOYEES*				*FOR GOVERNMENT USE ONLY*	
	<b># of Employees</b>	<b>Fee + Admin</b>	<b>Total</b>	<b>Activity #</b>	_____
<input type="checkbox"/>	0 - 3	\$ 85 + \$25	\$110	<b>Certificate #</b>	_____
<input type="checkbox"/>	4 - 8	\$100 + \$25	\$125	<b>E-Verify #</b>	_____
<input type="checkbox"/>	9 - 20	\$125 + \$25	\$150	<b>NAICS Code</b>	_____
<input type="checkbox"/>	21 - 35	\$150 + \$25	\$175	<b>Tax Year</b>	_____
<input type="checkbox"/>	35 - 50	\$165 + \$25	\$190	<b>Amount Paid</b>	<b>Receipt #</b>
<input type="checkbox"/>	51 +	\$200 + \$25	\$225	<b>Date</b>	<b>Check #</b>

*\* Min. of 1 employee required. Please include all full and part-time employees. The City may request supporting documentation*

OFFICIAL APPROVALS					
<input type="checkbox"/> Zoning	<input type="checkbox"/> Health Dept.	<input type="checkbox"/> Sign Permit	<b>Administrative Approval</b>		
<input type="checkbox"/> Home Occup.	<input type="checkbox"/> Taxes	<input type="checkbox"/> Other License	<b>Zoning Approval</b>		

- **Completion of this form does not guarantee issuance of an Occupational Tax Certificate.**
- **The City of Clayton reserves the right to deny a Certificate for documented violations of City Codes, delinquent taxes, or fees from the business or its owners, or if the business or location fails to meet requirements set forth by the City or applicable state and federal laws.**
- **Failure to complete this form in its entirety or provide accurate information will result in rejection of the application.**

I declare under penalties of perjury that this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of this business license.

Signature of Owner or Representative \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**RETURN APPLICATION TO THE ADDRESS BELOW AND MAKE CHECK PAYABLE TO CITY OF CLAYTON.**

## Affidavit Verifying Status

### Affidavit Verifying Status for Public Benefit as Required by Georgia Security and Immigration Compliance Act

#### SAVE AFFIDAVIT

#### O.C.G.A - 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a business occupation tax certificate or alcohol license, as referenced in O.C.G.A. § 50-36-1, from City of Jefferson, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

1. \_\_\_\_\_ I am a United States Citizen.
2. \_\_\_\_\_ I am a legal permanent resident of the United States.
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), with this affidavit.

Please indicate the document verifying your residency status and attach a copy (front and back).

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I-327 (Reentry Permit)                      | <input type="checkbox"/> I-551 (Permanent resident Card)                                       | <input type="checkbox"/> I-571 (Refugee Travel Document)            |
| <input type="checkbox"/> Certificate of Citizenship                  | <input type="checkbox"/> Naturalization Certificate  | <input type="checkbox"/> I-688A (Employment Authorization Card)     |
| <input type="checkbox"/> I-688 (Temporary Resident Card)             | <input type="checkbox"/> Machine Readable Immigrant Visa                                       | <input type="checkbox"/> I-688B (Employment Authorization Document) |
| <input type="checkbox"/> I-94 (Arrival/Departure record)             | <input type="checkbox"/> Unexpired Foreign Passport  |   |
| <input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94) | <input type="checkbox"/> DS2019 (Certificate of Eligibility for Exchange Visitor [J-1] status) |   |
| <input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94) |  |   |
| <input type="checkbox"/> Other                                       |  |   |

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 on the \_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

Subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC

**THIS FORM MUST BE NOTARIZED PRIOR TO RETURN**

## E-VERIFY

### 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 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.

**\*\*\* If you select Section 1 (A), please fill out Section 2, sign and 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, sign 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 Authorization User Identification Number: (**Note:** this number has at least 4 and no more than 6 digits.)

\_\_\_\_\_  
Date of Authorization

*The US Citizenship and Immigration Services website can be accessed at [www.uscis.gov/everify](http://www.uscis.gov/everify)*

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

Executed on the \_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

Subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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