

**HARALSON COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2020**

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. The notarized forms must accompany the application. If no longer in business, please so indicate and return the application. Please include a copy of your valid Georgia Driver's License or state issued ID.

Are you applying for: (check one) Renewal (\$50 penalty after April 1) or New License

Business name and mailing address

Emergency Contact Name and address

Name: _____

Mailing Address: _____

City _____ State: _____ Zip: _____

Phone: _____

Location: _____

Business Description _____

Tax ID _____

Responsible person: _____

Ownership Type: _____

Email address: _____

Type of license for which you are applying; (check all that apply)

_____ Business License (\$150)

_____ Beer License (\$350)

_____ Wine License (\$350)

Signature

Title

Date

NOTES: _____

PERMITS: _____

Affidavit Verifying Status

for County Public Benefit Application

Please read carefully before completing

- Affidavit must be notarized prior to being submitted to the Business License Division.
- Include a copy of applicant's secure and verifiable identification document. A list of secure and verifiable documents is provided by the Attorney General on the Georgia Department of Law website.

By executing this affidavit under oath, as an applicant for a business License/Occupation Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from Haralson County, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- I am a United States citizen. **(Provide State issued identification document. Example driver's license)**
- I am a legal permanent resident of the United States. **(Provide a copy of alien registration document)**
- I am a qualified alien or non-immigrant under Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **(Provide a copy of alien registration document)**

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies the he/she is 20 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)(I), 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 allowed by such statute.

Executed in _____, Georgia

this _____ day of _____,
20__

Notary Public _____

My Commission expires _____

Applicant Signature

Printed name of applicant

****This affidavit does not apply to an applicant applying for or renewing an application for a public benefit within the same agency or political subdivision if the applicant has previously complied with the requirements of Georgia Code Section O.C.G.A. § 50-36-2, and a signed and sworn affidavit confirming that such applicant is a United States citizen.*

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

By executing this affidavit under oath, as an applicant 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), from Haralson County, Georgia, the undersigned applicant representing the private employer knows as

_____ {Printed name of private employer i.e. business name}

verifies one of the following with respect to my application for the above mentioned document:

Section 1.

Please check box 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.

Section 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 also attests that its federal work authorization company identification number (not federal employer identification number) and date of authorization are as follows:

Federal Work Authorization User 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 _____, 20__ in _____ (city) Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on
this _____ day of _____,
20__

Notary Public _____

My Commission expires _____

**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.