

CITY OF ELBERTON REGULATORY PERMIT APPLICATION

Return completed form with payment by mail to City Clerk, PO Box 70, Elberton, Georgia or in person at City Hall located at 203 Elbert Street, Elberton, Georgia 30635.

The Code of Ordinances requires each person engaging in any business, trade, profession, or occupation within the corporate limits of the City of Elberton to submit registration and payment to the City unless otherwise excluded specifically by State Law. Registration and payment is due by March 31.

Business Name:		Fee: \$30.00
Mailing Address:		
Mailing City, State, Zip:		
Name of principal owner or officer	:	
Contact Person (if different):		
Phone number:	Email Address:	
Number of persons employed by b	usiness:	
IMPORTANT: Federal Work Author business employs more than 10 en work authorization program as professional work Auth. User Id No.:	nployees you are required ovided in O.C.G.A. 13-10-9	_
Business Description:		
*PLEASE PROVIDE A COPY OF YOU	JR STATE LICENSE WITH T	HIS FORM (if applicable).
I certify that the information given knowledge, and records shall be av Occupational Tax Ordinance of the	ailable for inspection as r	equired in Section 10-53 of the
Signature	Title	Date

E-VERIFY AFFIDAVIT Pursuant to O.C.G.A. 36-60-6(d)

*To be completed by all owners of business.

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for license, permit, or other document required to operate a business in O.C.G.A. 36-60-6(d):

Chec	k one	2:				
	a.	On January 1, of previous year, the individual, firm, or corporation employed more than ten (10) employees				
	b.	On January 1, of previous year, the individual, firm, or corporation employed ten (10) or fewer employees.				
acco unde	rdand ersign	ce with the application provision	lizes the federal work authorization program in as and deadlines established in O.C.G.A. 36-60-6. The sthat its federal work authorization user identification llows:			
Nam	e of F	Private Employer				
 Fede	ral W	ork Authorization User Id No	Date of Authorization			
I her	eby d	leclare under penalty of perjury	that the foregoing is true and correct.			
Signa	ature	of Authorized Officer or Agent				
Print	Nam	e of and Title of Authorized Off	icer, or Agent			
(SEA	L)		SWORN TO AND SUBSCRIBED BEFORE ME THIS,			
			NOTARY PUBLIC			

To register for the E-Verify Program, go to the U.S. Citizenship and Immigration Services website (<u>www.uscis.gov</u>).

SAVE AFFIDAVIT Affidavit Verifying Status for Public Benefit Pursuant to O.C.G.A. 50-36-1(E)(2)

*To be completed by all owners of business.

By executing this affidavit under oath, as an applicant for a license, permit or other public benefit as referenced in O.C.G.A. 50-36-1, from the City of Elberton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Select one:					
I am a United States citizen. Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports					
	I am a legal permanent resident of the United States. Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports				
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.** Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports					
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)(1), 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 as allowed by such criminal statute.					
Signature of Applicant	Date				
Print Name of Applicant	Name of Business				
(SEAL)	SWORN TO AND SUBSCRIBED BEFORE ME THIS,				
	NOTARY PUBLIC				