



**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 business:

IMPORTANT: Federal Work Authorization User Identification Number (E-Verify Number): If your business employs more than 10 employees you are required to register and utilize the federal work authorization program as provided in O.C.G.A. 13-10-90.

Federal Work Auth. User Id No.:

Authorization Date:

Business Description:

***PLEASE PROVIDE A COPY OF YOUR STATE LICENSE WITH THIS FORM (if applicable).**

I certify that the information given on this return is true and correct, to the best of my knowledge, and records shall be available for inspection as required in Section 10-53 of the Occupational Tax Ordinance of the City of Elberton, Georgia.

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):

Check one:

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.

The employer has registered with and utilizes the federal work authorization program in accordance with the application 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 is as follows:

Name of Private Employer

Federal Work Authorization User Id No

Date of Authorization

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

Signature of Authorized Officer or Agent

Print Name of and Title of Authorized Officer, or Agent

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____, _____.

NOTARY PUBLIC

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

