

**City of Statesboro \_\_\_\_\_\_912-764-0625**

**Occupational Tax Application**

**Pawnbroker, Secondhand Dealer & Dealer in Precious Metals & Gems**

**APPLICATION MUST BE LEGIBLE**

**(Please print or type)**

**All lines must include correct information or marked “N/A” if not applicable.**

**A business MUST be issued an Occupational Tax Certificate before conducting business.**

**All applicants will be required to provide a photo ID.**

1. Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Business Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Business Name (DBA):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Business Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I have verified the business address with Bulloch County’s 911 addressing office at 912-764-2181 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Business Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Business Owner(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ( Partnership\_\_\_\_\_ LLC\_\_\_\_\_ Corporation\_\_\_\_\_ Individual\_\_\_\_\_ )

1. If a partnership, list all partners:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If a corporation, list all presidents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If a corporation, name the state in which it is incorporated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Business Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contact email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Business Owner’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Business Owner’s Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Business Owner’s date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Manager/Supervisor if different than owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17.Manager/Supervisor physical address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Manager/Supervisor’s phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Property Owner’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Georgia Sales Tax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal Tax ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. State Board Certificate #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Type of business being conducted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you operate an amusement game room? Yes\_\_No\_\_If so, how many Class B Machines?\_\_\_\_
7. Name and address of owner(s) of machine(s) and a copy of owners master license.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Most recent business at this location?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is this an ownership change only?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are alcohol sales proposed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you ever owned or operated a business in the City of Statesboro? Yes\_\_\_\_\_No\_\_\_\_\_\_

If yes, please list the name of the business and the location of the business:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your business a home occupation? Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_YES If your proposed place of business is utilizing an existing building, will it constitute

\_\_\_\_\_NO a change of use from the type of business previously there?

 If yes, please contact the Engineering Department at (912)764-0655.

\_\_\_\_\_YES Will there be electrical, plumbing, or heating/air work performed prior to opening

\_\_\_\_\_NO your business?

 If yes, please contact the City Building Official at (912)764-0655.

\_\_\_\_\_YES Will construction valued at more than $1000.00 be performed prior to opening

\_\_\_\_\_NO your business? If yes, please contact Planning and Development at (912)764-0630.

\_\_\_\_\_YES Does the building meet handicap accessibility?

\_\_\_\_\_NO If no or unsure, please contact the Building Official at (912)764-0655.

\_\_\_\_\_UNSURE

Even if all questions are checked “NO” the Fire Official **must** perform an inspection of your

building and any code violations found **must** be corrected. Please call (912)764-3473 to schedule

the fire inspection. If any code violations are found, they must be corrected and re-inspected

**prior** to the issuance of the Occupation Tax Certificate.

Each person who is licensed by the examining boards of the Secretary of State’s office **must**

provide evidence of proper and current state licensure before a City of Statesboro Occupation

Tax Certificate will be issued. **Please submit this information with your application.**

Each person who is licensed by the medical boards **must** provide a copy of the current license

before a City of Statesboro Occupation Tax Certificate will be issued. **Please submit this**

**information with your application.**

Sec 18-60- Bond

1. Before any license shall be issued pursuant to this article, the applicant shall file with the city council a bond binding the applicant to the city in the full sum of $10,000.00, executed by the applicant as principal and by a surety approved by the city council, the statues of the state governing the conduct of such business and will pay all judgements rendered against the applicant for any violation of such ordinances or statues. Action on the bond may be brought in the name of the city in its own behalf.
2. Before any license shall be issued pursuant to this article, the applicant shall file with the city clerk an instrument appointing the clerk of the city council as his true and lawful agent for service of process upon the applicant for the performance of the conditions of the bond or for any breach therof. Immediately upon service of process upon the clerk of the city as provided in this section, the clerk shall send to the licensee, at his last known address, by registered mail, a copy of such process.

I have read and understand the above statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**\*\*Please read AND initial each statement below\*\***

\_\_\_\_\_\_ ALL business licenses expire December 31st each year. It is the **business owner’s**

responsibility to renew the license **before** January 31st each year to avoid late fee penalties.

\_\_\_\_\_\_ I understand the penalty fees **will not** be dropped for my failure to make timely reports.

**FEES:**

 Application Fee: $ 40.00

 Administration Fee: $ 95.00

 Pawnbroker, Secondhand dealer & dealer in precious metals & gems license fee $ 250.00

 Regulatory Fee $ 60.00

 Number of full time equivalent employees: \_\_\_\_\_\_\_\_\_\_X $20 = $\_\_\_\_\_\_\_\_

 \*Full time equivalent employees are determined by adding the total number of hours worked by

 all employees per week and dividing by 40. **Owners are counted as a full time employee.**

 Total Due to City $\_\_\_\_\_\_\_

**CERTIFICATION:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BEING THE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print NameTitle

OF THE BUSINESS FIRM HEREIN NAMED, ATTEST THAT THE NUMBER OF EMPLOYEES

REPORTED ABOVE IS THE NUMBER OF EMPLOYEES REPORTED ON THE GEORGIA DEPARTMENT OF LABOR TAX AND WAGE REPORT AND I DECLARE THAT THE ABOVE INFORMATION CONTAINED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME ON

THIS \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC MY COMMISSION EXPIRES

IF THIS BUSINESS IS A PARTNERSHIP OR A CORPORATION, ALL PARTNERS/PRESIDENTS MUST SIGN THE APPLICATION.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STATESBORO POLICE DEPARTMENT**

 25 WEST GRADY STREET / STATESBORO, GEORGIA 30458

 PHONE: (912) 764-9911 / FAX: (912) 489-5050

Please take a moment to complete the following information regarding your new business. This information will be forwarded to the Statesboro Police Department in maintaining a database for current information on businesses in case of emergency after hours contact. If any of the information should change, we would appreciate notification at the following address and telephone number. Again, thank you for your time and patience in completing this form. If you have any questions or concerns, please feel free to contact:

**Statesboro Police Department**

**25 West Grady Street**

**Statesboro, Ga. 30458**

**(912) 764-9911**

**Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reference Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dispatch Alert:** Please note any private security information regarding your business (such as vicious dog at gate, alarm company, etc…).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact Information:** Please list three emergency contacts.

**Name Telephone Numbers Cell Phone Numbers**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**General Information:** Such as hours of operation, also please list any information that you feel would assist us in serving you and your business.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete ONLY if there are MORE THAN 10 employees**

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

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 **employs more than ten employees** and 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. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorization Date:\_\_\_\_\_\_\_

Name of Private Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city),\_\_\_\_\_\_\_\_\_(state)

Signature of Authorized Officer or Agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Officer or Agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC MY COMMISSIOIN EXPIRES

**Complete ONLY if there is LESS THAN 11 employees**

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A sec 36-60-6, stating affirmatively that the individual, firm or corporation **employs fewer than eleven employees** and therefore, is not required to register with and/or utilize the Federal Work Authorization program commonly known as E-verify, or any subsequent replacement program, in accorance with the applicable provisions and deadlines established in O.C.GA sec 13-10-90.

Federal Work Authorization User ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorization Date:\_\_\_\_\_\_\_

Name of Private Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city),\_\_\_\_\_\_\_\_\_(state)

Signature of Authorized Officer or Agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Officer or Agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC MY COMMISSIOIN EXPIRES

STATESBORO, GEORGIA

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) PROGRAM

O.C.G.A § 50-36-1 (e) (2) AFFIDAVIT

NOTE: O.C.G.A. § 50-36-1 defines an applicant as "any natural person, 18 years of age or older, who has made application for access to public benefits on behalf of an individual, business, corporation, partnership, or other private entity."

O.C.G.A. § 50-36-1 provides a list of public benefits for which alien verification is required. Included in the list of public benefits at O.C.G.A. § 50-36-1 is "a state or local benefit as defined in 8 U.S.C. Section I621," which specifically includes "any grant, loan, professional license, or commercial license provided by an agency of a State or local government or by appropriated funds of a State or local government."

By executing this affidavit under oath, as an applicant for one of the enumerated benefit as referenced in O.C.G.A. § 50-36-1 and 8 U.S.C. 1621 from City of Statesboro, Georgia, 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, 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 agent 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 (i.e. valid driver's license or passport), 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:

 Driver' s License

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. § I6-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(state)

Printed name of applicant Signature of applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC MY COMMISSION EXPIRES

 **Georgia Department of Revenue**

##### Any person who performs any business, occupation or profession subject to an Occupation Tax or regulatory fee under O.C.G.A. 48-13-1 is required to provide the city the following information when paying such occupation tax or regulatory fee.

##### Legal Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Any associated Trade Names for the business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Mailing address for the business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Physical address for each location of the business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Sales and use Tax Identification number assigned to the business by the Georgia Department of Revenue, if the business is required by law to have such a number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### I solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required is true and correct to the best of my knowledge and I fully understand that any false information will cause the denial or revocation of any license issued by the City of Statesboro. I also fully understand that knowingly providing false information under oath in this affidavit will subject me to criminal prosecution and possible imprisonment.

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Signature

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Notary Public

##### **Office Use:**

##### North American Industry Classification System Code (NAICS)\_\_\_\_\_\_\_\_\_\_\_

#####

**CITY OF STATESBORO**

**50 E MAIN ST**

**P.O. BOX 348**

**STATESBORO, GA 30459**

**P: 912-764-5468**

**F: 912-764-4691**

##### **Occupational Tax Certificate Requirements**

##### Applicant will need to call and schedule an inspection AFTER submitting all the completed paperwork to the clerk’s office. The process will continue after the paperwork has been reviewed for accuracy.

##### Fire Department: 912-764-3473

##### Building Official: 912-764-0630

##### ALL applicants MUST have the utility services put in the BUSINESS name before we can issue the license. The account cannot be put in an individual’s name.

##### If you have any questions, please call Sue Heape with the tax/license department at 912-764-0625.