

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

**Occupational Tax Application**

**Wrecker & Towing Service**

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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. Most recent business at this location?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Is this an ownership change only?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Are alcohol sales proposed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of insurance company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Policy number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The City of Statesboro wrecker and towing service ordinance states, in addition to the motor vehicle liability insurance required by state law, each wrecker service shall maintain general comprehensive liability insurance on business operations providing a minimum of $50,000.00 single limit coverage per occurrence.**

**Please provide the original insurance policy along with the receipt from the insurance company issuing the policy showing that the premium has been paid for one year in advance.**

\_\_\_\_\_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.**

**FEES:**

 Application Fee: $ 40.00

 Administration Fee: $ 95.00

 Regulatory Fee $ 85.00

 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.

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

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

**\*\*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.

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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 if there is MORE THAN 10 employees**

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

Signature of Exempt Private Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Exempt 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

**\*\*Please list information for ALL drivers. ALL drivers will need to submit a background check\*\***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ARTICLE VIII. - WRECKER AND TOWING SERVICE

Sec. 18-231. - Definitions.

As used herein, the following words or phrases shall have the following meanings:

*Chief* means the chief of the police department of the city or any officer specifically designated by him to administer and carry out the provisions of this article.

*Disabled motor vehicle* means a motor vehicle disabled on a public way or other public place in such a manner as to obstruct vehicular or pedestrian travel or access to public or private property.

*Operator* means and includes all persons owning or operating wreckers or a wrecker service in the city and all officers, agents and employees of such persons who are engaged in the business of the wrecker service.

*Private property* means any parcel or space of private real property.

*Wrecker* means a vehicle equipped and used for the purpose of towing or hauling wrecked or disabled automobiles or other vehicles.

*Wrecker service* means any person regularly engaged in the business of towing or hauling wrecked or disabled motor vehicles for hire within the city whether or not such wrecker service maintains an office within the city limits.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-232. - Permits and applications.

A person, firm, or entity seeking to operate a towing wrecker service must make application to the city clerk's office for a permit and license to operate and must submit to an appropriate background check as a part of the application process. Upon clearing the background check by the police department and payment of appropriate fees, the license shall be issued by the city clerk's office.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-233. - Date of renewal.

Licenses issued pursuant to this article shall be valid, except as otherwise provided herein, from the date of issuance through December 31 of the year in which the license is issued. Any license obtained, as required by this article, shall be posted and kept in a conspicuous place at the central office of the wrecker service. Any license issued pursuant to this article shall not be assignable to any other person, firm, corporation or other entity.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-234. - Removal of improperly parked cars or trespassing personal property.

Any person or his or her authorized agent entitled to the possession of any private property shall have the right to remove or cause to be removed from the property any vehicle or trespassing personal property thereon which is not authorized to be at the place where it is found and to store or cause to be stored such vehicle or trespassing personal property, provided that there shall have been conspicuously posted on the private property notice that any vehicle or trespassing personal property which is not authorized to be at the place where it is found may be removed at the expense of the owner of the vehicle or trespassing personal property. Such notice shall also include information as to the location where the vehicle or personal property can be recovered, the cost of said recovery, and information as to the form of payment; provided, however, that the owner of residential private property containing not more than four residential units shall not be required to comply with the posting requirements of this subsection. Only towing and storage firms issued permits or licenses by the local governing authority of the jurisdiction in which they operate, and having a secure impoundment facility, shall be permitted to remove trespassing property and trespassing personal property at the request of the owner or authorized agent of the private property.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-235. - Towing and storage fees.

(a)  No storage fee shall be charged for the first 24 hours after a vehicle is towed.

(b)  Fees for towing and storage of vehicles shall be set by the mayor and city council of Statesboro and shall be posted and available at the Statesboro Police Department. Said fees shall be set by resolution in June, 2008, and every June thereafter.

(Ord. No. 2007-11, § 1, 4-17-07; Ord. No. 2007-19, 1, 6-19-07)

Sec. 18-236. - Storage facility.

Each wrecker and towing service must have a fenced, secured storage facility available either in the city or within five miles of the city limits. The facility must be lighted and available for individuals to recover vehicles 24 hours a day. Interim storage facilities prior to reaching the permanent storage facility are prohibited.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-237. - Violation damages.

Any person who suffers injury or damages as a result of a violation of this ordinance may bring an action in any court of competent jurisdiction for actual damages, which shall be presumed to be not less than $100.00, together with court costs. A court shall award three times the actual damages for an intentional violation of this ordinance.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-238. - No agreement for systematic surveillance of property for towing.

It shall be unlawful and punishable by a fine of $1,000.00 for any towing and storage firm, permitted or unpermitted, licensed or unlicensed, to enter into any agreement with any person in possession of private property to provide automatic or systematic surveillance of such property for purposes of removal and relocation of any such vehicle or trespassing personal property except upon call by such person in possession of such private property to such towing and storage firm for each individual case of trespass; provided, further, that it shall be unlawful and punishable by a fine of $1,000.00 for any towing and storage firm to pay to any private property owner or one in possession of private property any fee or emolument, directly or indirectly, for the right to remove a vehicle or trespassing personal property from said private property.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-239. - Administration and enforcement.

It shall be the duty of the chief of police to administer and carry out the provisions of this article. All law enforcement officers of the city shall have authority to prosecute violations of this article. The chief of police or his designee may develop policies to aid in the enforcement of this ordinance.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-240. - Penalty for violations.

Any person who violates any of the provisions or sections of this article shall be punished upon conviction in the municipal court as any other code violation in the City of Statesboro.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-241. - Compliance required.

It shall be unlawful for any wrecker service or operator to tow or haul any motor vehicle which has been wrecked, abandoned or disabled on a public way or other public place within the jurisdiction of the city from the scene of the wreck, abandonment or disablement except in compliance with the provisions of this article.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-242. - Removal of debris.

The removal of broken glass and other debris, to include fluids spilled on the roadway, from the scene of an accident shall be part of the wrecker service's obligation pursuant to this article. When two or more different wrecker services are assigned to one accident, each shall be equally responsible for cleaning the wreck area.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-243. - Use of emergency light.

A wrecker operator shall not display the amber emergency light except upon arrival at the scene where a call originated and when leaving the scene with a vehicle in tow.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-244. - Obedience to and responsibility for violations of traffic laws.

Each wrecker operator shall abide by all applicable traffic regulations and shall be responsible for any violation of any applicable law, rule or regulations incurred in the process of responding to a service call.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-245. - Comprehensive liability insurance coverage.

In addition to the motor vehicle liability insurance required by state law, each wrecker service shall maintain general comprehensive liability insurance on business operations providing a minimum of $50,000.00 single-limit coverage per occurrence. The original insurance policy required shall be on file with the city clerk, along with the receipt from the insurance company issuing the policy showing that the premium on the policy has been paid for one year in advance.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-246. - Identification of wrecker vehicles.

Each wrecker shall have the name, address and telephone number of its business displayed on both sides of the vehicle. Such information shall be permanently painted onto the sides of the vehicle in letters of contrasting color visible for at least 50 feet during daytime hours. Attachment of removable signs to the wrecker vehicle for this purpose is strictly prohibited.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-247. - Solicitation of business prohibited.

It shall be a violation of this article for any wrecker operator, wrecker service or other person to solicit business at the scene of a motor vehicle accident or other vehicular disablement, whether such solicitation be conducted from a wrecker vehicle, private automobile, other vehicle, or on foot.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-248. - Removal of vehicles restricted.

No vehicle shall be removed from the scene of a wreck until the investigating officer releases it. The chief of police or other officers of the Statesboro Police Department may direct that a vehicle be impounded and towed or hauled to the Statesboro Police Department impound lot; and, in such event, it shall be a violation of this article for any wrecker operator to remove a vehicle to any other location.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-249. - Records.

After towing or hauling a wrecked or disabled vehicle, a wrecker service shall immediately make a written record of the following information which shall be maintained for a period of one year and which shall be made available for inspection and copying by the chief of police or his designee at all reasonable business hours:

(1)  Name of the owner of the vehicle.

(2)  Make, model and serial number of the vehicle.

(3)  Date and time the vehicle was towed or hauled.

(4)  Location of the wreck or disablement.

(5)  Place where such vehicle was stored or other disposition of the vehicle.

(6)  Itemization of the charges made by the wrecker service for towing or hauling the vehicle and the charges made or accruing for storage of same.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-250. - Form to be completed prior to towing from private property pursuant to O.C.G.A. § 44-1-13(f).

Any towing and storage firm which tows from private property will be required to complete a form prior to towing from private property indicating the date, time, location from which vehicle is removed, signature of person authorizing removal, location to which vehicle is removed, towing charges, and other information deemed necessary by the chief of police or his designee for each vehicle removed from private property. The towing or storage company will be required to keep a copy of each completed form on file for two years and shall be required to make the forms available to any police officer or other authorized city official during normal business hours upon reasonable request. All copies of completed forms shall be maintained by date, year, month and day.

(Ord. No. 2007-11, § 1, 4-17-07)

Sec. 18-251. - Notification to police department required.

Any towing or storage firm which tows or relocates any vehicle or trespassing personal property from private property shall immediately notify the Statesboro Police Department of such action at the time of removal. Such towing or storage company shall provide the Statesboro Police Department with the location from which each vehicle or trespassing personal property has been removed; the year, make and model of the removed vehicle or trespassing personal property; vehicle tag number and vehicle identification number.

(Ord. No. 2007-11, § 1, 4-17-07)

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**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

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