



CITY OF STATESBORO  
50 E MAIN ST  
P.O. BOX 348  
STATESBORO, GA 30459  
P: 912-764-5468  
F: 912-764-4691

### **Mobile Food Service Unit 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.

You can return it to the Tax Department inside City Hall, or by mailing it:

City of Statesboro  
Attn: Tax Department  
P.O. Box 348  
Statesboro, Ga 30459

Fire Department: 912-764-3473

Applicant will be required to provide the following along with the completed application:

- Food service permit from the Bulloch County Health Department: 912-764-0737
- Food sales permit from the Department of Agriculture: 229-386-3489 (For prepackaged food)
- Photograph of the mobile food service unit



**City of Statesboro**

**912-764-0625**

**Occupational Tax Application for Mobile Food Service Unit**

**Application MUST be legible  
(Please print)**

**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 Trade Name (DBA): \_\_\_\_\_

4. Business Location: \_\_\_\_\_

**\*\*If the base of operation is located outside of the city limits of Statesboro, you must provide evidence of  
licensing in the base of operation's home jurisdiction\*\***

5. Business Mailing Address: \_\_\_\_\_

6. Business Owner: \_\_\_\_\_

7. Business Telephone: \_\_\_\_\_

8. Contact email: \_\_\_\_\_

9. Business Owner's Address: \_\_\_\_\_  
\_\_\_\_\_

10. Business Owner's Telephone: \_\_\_\_\_

11. Business Owner's date of birth: \_\_\_\_\_

12. Georgia Sales Tax #: \_\_\_\_\_ Federal Tax #: \_\_\_\_\_

13. Have you ever owned or operated a business in the City of Statesboro? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the name of the business: \_\_\_\_\_

**Mobile Food Service Unit Information:**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

**Please attach a photograph of the mobile food service unit to this page:**

**FEEES:**

Annual Fee:

\$ 200

**CERTIFICATION:**

I, \_\_\_\_\_ BEING THE \_\_\_\_\_  
 Print Name Title

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



## **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.

<u><b>Name</b></u>	<u><b>Telephone Numbers</b></u>	<u><b>Cell Phone Numbers</b></u>
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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.

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**Complete ONLY if there is fewer than 11 employees**

**Private Employer Exemption Affidavit 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. §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 accordance with the applicable provisions and deadlines established in O.C.G.A. § 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 & Title of Authorized Officer or Agent: \_\_\_\_\_

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

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

**Complete ONLY if there is 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 COMMISSION 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 1621," 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. § 16-10-20, 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) \_\_\_\_\_