

FEES: Renewal/New \$100.00

Late Fee \$25.00

(Late Fee Assessed January 15)

City of Walnut Grove Business License Application

NAME OF BUSINESS _____
ADDRESS _____
PHONE # _____
DESCRIPTION OF BUSINESS _____

APPLICANTS NAME: _____
HOME ADDRESS _____
PHONE # _____
HOME OFFICE ADDRESS IF CORPORATION OR PARTNERSHIP _____
NAMES, HOME ADDRESSES AND PHONE NUMBER OF OFFICERS AND DIRECTORS IF CORPORATION _____
STATE LICENSE # _____ EXPIRATION DATE (if applicable) _____

WE REQUIRE A COPY OF THE STATE LICENSE AND DRIVERS LICENSE OF APPLICANT
FEDERAL IDENTIFICATION # _____

If your property is not zoned commercial, your business is considered a Home Occupation.

HOME OCCUPATION _____ YES _____ NO _____

HAVE THE APPLICANT, PARTNER, OFFICER OR DIRECTOR EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY VIOLATION OR ANY AND ALL LAWS ANY AND ORDINANCES OF THE CITY, STATE OR FEDERAL GOVERNMENT?
_____ (If yes explain on reverse side)

ALL INFORMATION FURNISHED SHALL BE KEPT IN STRICT CONFIDENCE BY THE CITY.

FALSE STATEMENT ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE REVOCATION OF SUCH LICENSE. IF LICENSE IS ISSUED, THE LICENSE IS NOT TRANSFERABLE AND IS SUBJECT TO BE REVOKED IF ABUSED, WITH OR WITHOUT NOTICE OR HEARING. **NO LICENSE WILL BE ISSUED IF CITY OR COUNTY TAXES ARE IN ARREARS.**

SIGNATURE OF APPLICANT _____ DATE _____

MAYOR OR MAYOR PRO TEM

ZONING ADMINISTRATOR

COUNCIL MEMBER

COUNCIL MEMBER

COUNCIL MEMBER

ATTEST: CITY CLERK

Sworn and subscribed before me this _____ day of _____, _____

APPROVED _____

DENIED _____

BUSINESS EMERGENCY CONTACT INFORMATION

Business Name: _____

Address: _____

Owner/Manager: _____

Business Phone: _____ Home Phone: _____

Home Address: _____

Emergency Contact: _____ Phone: _____

Emergency Contact _____ Phone: _____

Emergency Contact _____ Phone: _____

Normal Business Hours: _____

Type of Business: _____

Alarm Company: _____ Phone: _____

Comments: _____

Date: _____ Submitted by: _____

AFFIDAVIT OF LICENSE OR PERMIT APPLICANT OR BENEFIT APPLICANT

As an applicant for any city: 1) License, 2) permit or 3) benefits (including new employment by the city which provides employee benefits, and including labor and construction and other independent contractor contracts with the city which provides benefits to the contractor), in compliance with Georgia Code Section 50-36-1, the Georgia Security and Immigration Compliance Act, and per the Federal "Systematic Alien Verification for Entitlements (SAVE) Program, I sign the affidavit under oath, certifying I am not an unauthorized alien, and further certifying none of my employees or subcontractors (if any) are unauthorized aliens, and furthermore I initial the appropriate designation for myself below:

_____ I am a United States citizen;

OR

_____ I am legal permanent resident 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older (alien registration number as follows: _____), and I certify that I am lawfully present in the United States.

In making the above sworn certification, 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 code section 16-10-20 of the Official Code of Georgia.

Applicant Signature: _____

Print Name: _____

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICANT

By executing this affidavit under oath, as an applicant for the City of Walnut Grove, Georgia Business License or Occupation Tax Certification, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1. I am stating the following with respect to my application for a City of Walnut Grove, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

_____.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

1) ____ I am a United States Citizen

OR

2) ____ I am a legal permanent resident 18 years of age or older or * am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.**

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 Code Section 160-10-20 of the Official Code of Georgia.

Signature of Applicant: _____

Date: _____

Printed Name: _____

*Alien Registration Number for Non-Citizen: _____

**Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:*

PRIVATE EMPLOYER AFFIDAVIT URSUANT TO §O.C.G.A. 36-60-6(d)
Required by the State of Georgia

By Executing this affidavit under oath, as an applicant for an occupational tax certificate (Business License) as referenced in §O.C.G.A. 36-60-6(d), from the City of Walnut Grove, the undersigned applicant representing the private employer known as _____, verifies one of the following with respect to my application for the above mentioned document:

- (a) ____ On January 1st of the below signed year the individual, firm, or corporation employed (11) or more employees. (Please fill out Section 2 and 3 below).

- (b) ____ On January 1st of the below signed year the individual, firm, or corporation employed (10) or less employees. (Please fill out Section 3 below).

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in §O.C.G.A. 36-60-6(d). The undersigned private employer also attests that its federal work authorization user identification number and the date of authorization are as listed below:

Federal Work Authorization User Identification Number (E-Verify Number)

Date of Authorization

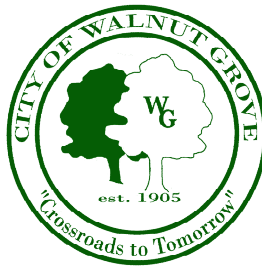
3. In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of §O.C.G.A. 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ____ day of _____, 20____ in _____(city),

GA, (state).

Signature of Authorized Officer or Agent

Printed name of and title of Authorized Officer or Agent



Requirements for Home Occupational Business License

1. The occupation shall be carried on only by members of the family residing in the residence.
2. No on-site sale of any item or service may occur.
3. The home occupation shall not involve group instruction or group assembly.
4. There shall be no exterior evidence of the home occupation.
5. The home occupation shall not increase traffic or parking.
6. No equipment may be used or stored except that normally used for purely domestic or household purposes. Samples may be kept on the premises, but not sold or distributed from the residence.
7. Signs identifying the home occupation are prohibited.
8. No more than 25 percent of the dwelling unit may be used for the home occupation.
9. Only one business vehicle, used exclusively by the resident, is allowed. It must be parked in a carport, garage, or rear yard. It shall be no larger than a pick-up truck or van, nor have a carrying capacity of more than one and one-half tons.
10. The following uses may not be considered for home occupations: Auto repair, sales, or similar operations, restaurants, funeral homes, keeping of animals, retail or wholesale sales, storage or warehousing of material, equipment, or merchandise, hotel or motel type establishments, adult entertainment, any business involving alcohol, drugs or medications, or any use that is in conflict with the intent of this Ordinance.
11. No equipment or processes shall be used in such home occupation, which creates noise, vibration, glare, fumes, odors or electrical interference, outside the dwelling unit. In the case of electrical interference, no equipment or process shall be used which creates visual or audible interference in any television or radio receivers off the premises, or cause fluctuations in line voltage off the premises.

This is to verify that I have read and do understand the regulations that govern a Home Occupation. I also understand that if I fail to abide by these regulations my Home Occupational Business License will be revoked.

Signature

Date