

City of Walnut Grove

Business License Application

FEEES: Renewal/New \$100.00

Late Fee \$25.00

(Assessed January 15)

NAME OF BUSINESS _____
ADDRESS of BUSINESS _____
BILLING ADDRESS _____
PHONE # _____ EMAIL _____
DESCRIPTION OF BUSINESS _____

APPLICANTS NAME _____
HOME ADDRESS _____
PHONE # _____

If corporation or partnership please attach names, home address, emails, and phone numbers of officers, directors, and partners.

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, is your business considered a Home Occupation.
HOME OCCUPATION _____ YES _____ NO _____

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

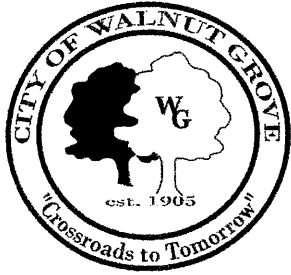
ATTEST: CITY CLERK

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

APPROVED _____

DENIED _____

****ALL FORMS MUST BE COMPLETED ENTIRELY AND SIGNED****



City of Walnut Grove

BUSINESS EMERGENCY CONTACT INFORMATION

Business Name: _____

Address: _____

Owner/Manager: _____

Business Phone: _____ Home Phone: _____

Home Address: _____

Emergency Contact: _____ Phone: _____

Emergency Contact _____ Phone: _____

Emergency Contact _____ Phone: _____

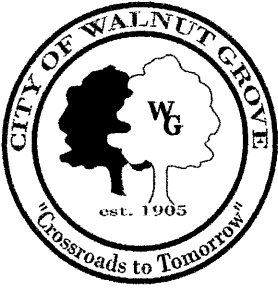
Normal Business Hours: _____

Type of Business: _____

Alarm Company: _____ Phone: _____

Comments: _____

Date: _____ Submitted by: _____



City of Walnut Grove

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, 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 or 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 agency 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, 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:
_____.

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 this the ___ day of _____, 202__ in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

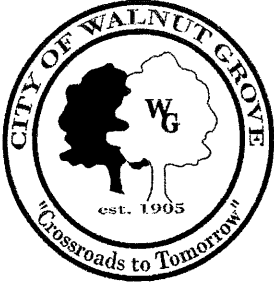
SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 201__

NOTARY PUBLIC

My Commission Expires:

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*



City of Walnut Grove

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

By executing this affidavit under oath, as an applicant for a(n) business license/occupation tax certificate as reference in O.C.G.A. § 36-60-6(d), from the Walnut Grove, Georgia, the undersigned applicant representing the private employer known as _____ (business name) verifies one of the following with respect to my application for the above mentioned document:

1. Check box (a) or (b) below:

a) On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees.

b) On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees.

*****If the employer checked box (a) must fill out Section 2 below.**

2. 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 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization company identification number (not federal employer identification number) and date of authorization are as follows:

_____ Federal Work Authorization Company Identification Number

_____ Date of Authorization

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 _____, 202__ in _____ (City), _____ (State)

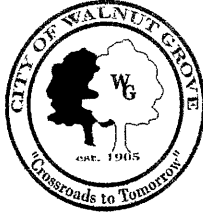
Signature of Authorized Officer or Agent of Company

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 202__

NOTARY PUBLIC

My commission Expires:



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(s) 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 the 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 conflicts with the intent of city Ordinances.
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 Occupation Business License will be revoked.

Signature

Date