

Business License Application

Instructions:

To obtain a license to operate a business in the city of Walnut Grove please come in to City Hall and fill out the Business License Application and the Business Emergency Contact form. For your convenience these forms may be downloaded here:

Your application will be reviewed at the next regular City Council meeting. You will be notified by City Hall as to whether or not your application has been approved. If approved, you may come in anytime to pick up your business license. The annual fee for a business license is \$50.00.

**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 NUMBERS OF PARTNERS

NAMES, HOME ADDRESSES AND PHONE NUMBER OF OFFICERS AND DIRECTORS IF CORPORATION

STATE LICENSE # AND EXPIRATION DATE (if applicable) _____
WE REQUIRE A COPY OF THE STATE LICENSE AND DRIVERS LICENSE

If your property is not zoned commercial, your business is considered a Home Occupation.
HOME OCCUPATION _____ YES _____ NO

HAS THE APPLICANT, PARTNER, OFFICER OR DIRECTOR EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY VIOLATION OR ANY AND ALL LAWS 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.

A 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.

SIGNATURE OF APPLICATION _____ DATE _____

MAYOR

MAYOR PRO-TEM

COUNCIL MEMBER

COUNCIL MEMBER

COUNCIL MEMBER

ATTEST: CITY CLERK

Sworn and subscribed before me this _____ day of _____

APPROVED _____ DENIED _____

City of Walnut Grove Marshal's Office

2581 Leone Avenue
Loganville, Ga. 30052

Office: 770-787-0046

Fax: 770-787-8340

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: _____ By: _____ City Marshal _____

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 Certificate, 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 I 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 16-10-20 of the Official Code of Georgia.

Signature of Applicant: Date

Printed Name:

* _____

Alien Registration number for non-citizen

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF 20_____
Notary Public
My Commission Expires:

*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: