

City of Walnut Grove Business License Application

NAME OF BUSINESS _____

ADDRESS _____

PHONE # _____ (Work) _____ (Cell)

COMPANY WEBSITE: _____ E-MAIL: _____

PERMISSION TO ADD BUSINESS INFORMATION TO CITY WEBSITE? _____ (Yes or No)

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 # AND EXPIRATION DATE (if applicable) _____

We require a copy of the state license and driver's license

FEDERAL IDENTIFICATION # _____

HOME OCCUPATION ____ YES ____ NO

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

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 APPLICANT _____ DATE _____

MAYOR

COUNCIL MEMBER

COUNCIL MEMBER

MAYOR PRO-TEM

COUNCIL MEMBER

ATTEST: CITY CLERK

Sworn and subscribed before me this _____ day of _____, 20_____

APPROVED _____

DENIED _____

City of Walnut Grove
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: _____

Signature: _____ **Date:** _____

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 this 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 a legal permanent resident, 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 willingly 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: _____

Sworn to and subscribed before me

This _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

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 willingly 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: _____ Date: _____

Print Name: _____

*Alien Registration Number for Non-Citizen _____

Sworn to and subscribed before me

This _____ 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:
