

CITY OF WOODBINE, GEORGIA

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

Date of Application: _____

Name of business: _____

Owner/Representative: _____

SSN #: _____ Date of Birth: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fax #: _____ Email: _____

Other Partners: _____ Type of Business: _____

Date Business Opened: _____ Number of employees (not including owner): _____

Location of Business: _____

Federal ID #: _____ State ID #: _____

Health Dept. #: _____ Sales Tax ID: _____

Will This Business Sell Beer, Wine, and/or Alcohol? YES _____ NO _____

If YES, you must also apply for the appropriate alcohol license.

CERTIFICATION

_____, certify the above information to be true and accurate. I understand that the Federal agencies are met. I agree to abide by all building codes, including but not limited to American with Disabilities Act. I agree to secure any and all applicable required permits.

If this application is for a proposed business, the location of same will be in an area zoned for such business. If a suitable location is not found in a properly zoned area, the application shall become void unless the location is rezoned in accordance with the provisions of the Woodbine Zoning Ordinance.

I also understand that the certificate must be displayed in the place of business and that renewal must be paid prior to December 31 of each year.

I hereby agree and consent, pursuant to public law 93-579 of the Privacy Act of 1974 that the disclosure of information obtained in this application may be submitted to any agency of the City, County, State and Federal governments for the purposes of obtaining the necessary information to process this application.

I understand that in accordance with Georgia law O.C.G.A. Section 50-36-1 all cities must obtain an affidavit verifying citizenship status from any person or business who wishes to apply for a "Public Benefit" as that term is defined by Georgia Law. Business Licenses are included in this category.

I have read and understand the terms of this application.

Signature: _____

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SECTION II PERMITS
(TO BE COMPLETED BY THE BUILDING INSPECTOR)

Not Applicable

Certificate of Occupancy: _____

Building Permit Met: _____

Sign Permits: _____

Approval By: _____ Date: _____

Health Department Permit (if applicable): _____

Approved by: _____ Date: _____

SECTION III. ZONING
(TO BE COMPLETED BY THE PLANNING/ZONING DEPARTMENT)

Not Applicable

Current Zoning District: _____

Appropriate Zoning District: _____

Approved by: _____

Variances (if applicable): _____

Approved by: _____ Date: _____

SECTION IV, CERTIFICATE INFORMATION
(TO BE COMPLETED BY BUSINESS LICENSE OFFICE)

Certificate Issued: _____ Administrative Fee: \$ _____

Number of Employees: _____ Employee Fee: \$ _____

Business type Code: _____ Regulatory Fee: \$ _____

Total Fee for Certificate: \$ _____ Receipt #: _____

Date Business License Printed: _____ License #: _____

SAVE Affidavit Submitted: Yes No Date Save Verified (if applicable): _____

Approved by: _____ Date: _____

E-VERIFY REGISTRATION CAN BE ACCESSED THROUGH:

<http://www.dhs.gov/e-verify>



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:

Name of Employer/Business

I employ more than 10 employees and have registered with E-Verify as required by law.

E-Verify /Federal Work Authorization User Identification Number

Date of Authorization

I do not employ more than 10 employees and are exempt from registering with E-verify

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, __, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires: _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an Occupational License, as referenced in O.C.G.A. § 50-36-1, from City of Woodbine, GA, 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 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 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).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: