

# BUSINESS LICENSE APPLICATION

CITY OF FRANKLIN SPRINGS ACCOUNT NO. \_\_\_\_\_ (Office use only)

BUSINESS NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FEDERAL ID OR /SS NUMBER \_\_\_\_\_

E-VERIFY NUMBER \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

APPLICATION FOR:  NEW  RENEWAL  GOING OUT OF BUSINESS

IF SO, DATE BUSINESS CLOSED \_\_\_\_\_

OWNERSHIP:  CORPORATION  PARTNERSHIP  INDIVIDUAL

NUMBER OF EMPLOYEES \_\_\_\_\_

GROSS INCOME FOR PREVIOUS CALENDAR/FISCAL YEAR \$ \_\_\_\_\_

NAME OF OWNER, PARTNER OR PRINCIPAL (if more than one attach additional)

\_\_\_\_\_

TELEPHONE: WORK: \_\_\_\_\_ HOME: \_\_\_\_\_

EMERGENCY: \_\_\_\_\_ FAX NO. \_\_\_\_\_

E-MAIL: \_\_\_\_\_

IS HAZARDOUS WASTE INVOLVED IN OPERATION?  NO  YES

(IF YES, ATTACH DETAILS & GIVE CODE CLEARANCE)

CODE CLEARANCE:

ZONING  INSPECTION  FIRE  HEALTH  LAW ENFORCEMENT

## CERTIFICATION

I (WE) DO CERTIFY THAT THE ABOVE INFORMATION AND AMOUNT RETURNED AS GROSS INCOME FROM MY BUSINESS IS TRUE AND CORRECT AND I HAVE MADE NO DEDUCTIONS EXCEPT INCOME ON WHICH I HAVE PAID BUSINESS LICENSE TAX TO ANOTHER CITY OR COUNTY, FOR WHICH I HAVE PROOF OF PAYMENT. I AM FAMILIAR WITH THE PENALTY PROVISIONS OF THE ORDINANCE AND GROUNDS FOR LICENSE REVOCATION, INCLUDING MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION. I CERTIFY THAT ALL BUSINESS PERSONAL PROPERTY TAXES AND PAYABLES DUE TO THE CITY/COUNTY HAVE BEEN PAID, AND THAT THE ABOVE BUSINESS NAME IS THE SAME AS REPORTED ON DOCUMENTS FILED WITH THE STATE AND FEDERAL GOVERNMENTS. I UNDERSTAND MY BUSINESS INCOME TAX RETURNS AND OTHER DOCUMENTS MAY BE INSPECTED TO VERIFY GROSS INCOME OR OTHER BUSINESS DATA.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE



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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

-----  
**I hereby declare under penalty of perjury that the foregoing is true and correct.**  
Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_, [name of government entity], 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 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: