



**TOWN OF TALLULAH FALLS
BUSINESS LICENSE/OCCUPATIONAL TAX CERTIFICATE APPLICATION**

Note: All current licenses lapses on December 31

ALL information requested below is required for your license. Please print or type legibly in blue or black ink.

BUSINESS LICENSE

Business License/Occupation Tax \$50

NAME OF BUSINESS: _____
(LIST AS IT SHOULD APPEAR ON LICENSE)

DBA (If different): _____

YEAR APPLYING FOR: _____ **PREVIOUS YEAR'S LICENSE NO:** _____ **FIRST YEAR OF BUSINESS:** _____

PERSON COMPLETING THIS FORM: _____

BUSINESS OWNER (if different): _____

LOCATION OF BUSINESS (Street name & number, Suite No, City, County, State, Zip): _____

MAILING ADDRESS: (Street name & number, Suite No, City, State, Zip): _____

BUSINESS PHONE NUMBER: _____ **BUSINESS EMAIL ADDRESS:** _____

HOME OCCUPATION? (Yes/No): _____ **BUSINESS DESCRIPTION:** _____

PLEASE STATE THE BUSINESS USE OR ACTIVITY

TOTAL NUMBER OF EMPLOYEES (including seasonal): _____

ADDITIONAL INFORMATION REQUIRED FOR ALL RENEWALS:

- **E-Verify Affidavit:** Completed, signed and notarized
- **Verification of zoning:** To be done by Zoning Administrator upon completion of application
- **Payment for the correct fee amount:** Cash, Check, Money Order, Or Credit Card | Checks or money orders should be made payable to Town of Tallulah Falls
- **Public Benefits Affidavit:** Completed, signed and notarized

Businesses that require State License: Must provide a copy of a **current** State License | Barbershops, real estate, cosmetology, medical, etc.

**If you are unsure as to whether your business requires a state license, please refer to www.sos.ga.gov.*

State License Number: _____

Expiration Date: _____

(Initial) I do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. All tax certificates expire December 31st and must be renewed annually.

*****FOR OFFICE USE ONLY*****

PAID: ___/___/___ by _____

BUSINESS TYPE: _____

ZONING: _____

Notice Sent: ___/___/___

Issue Date: ___/___/___

Received: ___/___/___
TOTAL: \$ _____

Public Benefits Affidavit

Note: Georgia Law requires that the cities and counties in the State of Georgia obtain an affidavit regarding the subjects indicated herein from any person who wishes to apply for a "Public Benefit" as that term is defined by Georgia Law.

1. I am over the age of 18, of sound mind, and am competent to make this Affidavit.
2. I am executing this affidavit under oath, as an applicant for a Town of Tallulah Falls, Georgia, Public Benefit. Public Benefits include Retirement Benefits, Health Benefits, Disability Benefits, Business Licenses, Occupation Tax Certificates, Alcohol Licenses, Vehicle for Hire Permits, Contracts, or other Public Benefits as referenced and defined O.C.G.A. Section 50-36-1.
3. I make this affidavit as part of my application for a Town of Tallulah Falls, Public Benefit for (circle one) MYSELF or _____ (name of the entity for which the benefit is sought).
4. With respect to my presence in the United States, I state as follows:
 - a. _____ I am a United States citizen
OR
 - b. _____ 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 lawfully present in the United States. I have provided my Alien Registration Number or, in the event I do not have an Alien Registration Number, I have provided another identifying number below.*
5. 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
Printed Name:

Date

Printed Name of Applicant

Alien Registration or Other
Identifying Number for Non-Citizens

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20__.

Notary Public
My Commission Expires:

*Note O.C.G.A. 50-36- 1(c)(2) requires that aliens under the federal Immigration and Nationality Act, Title S U.S.C. as amended, provides 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.

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: _____