

Mayor
Barbara Mathis

City Clerk
Cenlya Galloway

City Manager
Richard H. Stancil

City Attorney
Stephanie W. McConnell

City of Hiawassee
"ON BEAUTIFUL LAKE CHATUGE"

50 River Street
Hiawassee, GA 30546

Phone (706) 896-2202
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Council

Stephen H. Smith
Jay Chastain, Jr.
Anne Mitchell
Kris Berrong
Liz Ordiales

2016 YARD SALE/TEMPORARY BUSINESS PERMIT APPLICATION
\$15.00 PER DAY

Application Date: _____

Day(s) of Event: _____

Applicant Name: _____

Business Name: _____

Applicant Mailing Address: _____

Sale Location (911 Address): _____

Applicant Telephone #: _____

Sale Location - Owners Name: _____

Applicant's Driver's License #: _____

Applicant's Date of Birth: _____

I hereby acknowledge that I am conducting a Yard Sale or Temporary Business Sale within the City of Hiawassee on the above date, and that I have agreed to pay a Permit Fee of \$15.00 per day for the privilege of making temporary sales within the City Limits. I agree to pay the required fee at the Hiawassee City Hall, 50 River Street, Hiawassee, Georgia, (706) 896-2202. Should I fail to make this required payment, I voluntarily submit myself to venue and jurisdiction in the Hiawassee City Court for enforcement activities. Under penalty of law, I do hereby certify and affirm the above.

Signature of Applicant

Applicant's Address

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

- Instructions: a) complete Form 'A' or Form 'B'; and
b) Have notary complete bottom of form

FORM 'A'

- Employs 100 or more (total employees for Individual, Firm or Corporation)

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 100 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:

Federal Work Authorization User Identification Number: _____

Date of Authorization: _____

Name of Private Employer: _____

FORM 'B'

- Employs fewer than 100 (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 100 employees and therefore, is not required to register with and/or utilize 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.

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 _____, 20__.

(Seal)