



50 River Street Hiawassee, Georgia 30546

## **2024 Business License Application**

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|---------------|----|--|
| Instructions: | a. | <b><i>Please Complete this form completely.</i></b>                                  |
|               | b. | Make check payable to "City of Hiawassee" for the amount shown below.                |
|               | c. | <b><i>Please return both completed forms &amp; payment to the address above.</i></b> |
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### **TYPE OF LICENSE** (Select One Below):

- ☐ New Business (\$100.00)    ☐ Renewal (\$100.00)    ☐ Address Change (FREE)  
(Notification -5 days from move to new location)

**FEE DUE DATE:** Please submit payment by **December 31<sup>st</sup>, 2023.**

*After January 1, 2024 -\$125.00. Subject to closure and additional penalty after 2/1/2024*

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**Name of Business:** \_\_\_\_\_

**Business Physical Address:** \_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Business Website:** \_\_\_\_\_

***This Information will appear on City Website at no Charge***

- ☐ Check here to opt out of having your business listed on our website.

**Name of Applicant:** \_\_\_\_\_

**Applicant Phone Telephone #:** \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

**Business Mailing Address (If different):** \_\_\_\_\_

**Emergency Contact Name & Number (24hr):** \_\_\_\_\_

**Please provide a brief description of business activities (Business Type):** (Please list most prominent description you would like to have on website first. For example, if your business sells furniture, but also sells clothing, which category would you prefer to have your business listed under)

\_\_\_\_\_

**Years in Business:** \_\_\_\_\_

1. Number of employees: Full- time \_\_\_\_\_ Part-time \_\_\_\_\_
2. Will any activities involve the use of chemicals, machinery or matter of energy that may create or cause to be created, noise, noxious odors or hazards that will endanger the health, safety or welfare of the community?  
☐ Yes ☐ No
3. Do you own or lease the business location? ☐ Own ☐ Rent/Lease
4. Do you require a State License Under O.C.G.A § 43- Professions & Businesses, if yes, please provide a copy of your professional license? ☐ Yes ☐ No
5. Please provide your Federal Tax Id No. or Social Security Number: \_\_\_\_\_
6. Will this business be based out of your home? ☐ Yes ☐ No
7. Is this a VRBO/AirBnB/Rental Property type business? ☐ Yes ☐ No

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**Notice**

The U.S. Internal Revenue Service issues an Identification Number (E.I.N.) to any business that: 1) has employees, and/or 2) plans to establish itself as a corporation, partnership, or sole proprietorship (some exceptions may apply). Provide the E.I.N. with your City of Hiawassee Occupational Tax Application. The telephone number to call to obtain this number is (800) 829-4933 or online at [www.irs.gov](http://www.irs.gov).

Certain professions are required to obtain professional licenses/certifications from the State of Georgia. A few examples of these professions are: Plumbers, Electricians, Heating/Air Conditioning Contractors, Attorneys, Physicians, Cosmetologists, and Salons. For more information on Georgia State professional licensing, call the Georgia Secretary of State Licensing Board at (478) 207-2440. Documentation of this certification must be provided with the City of Hiawassee Occupational Tax application. (O.C.G.A. § 36-60-6)

**Notice**

If you plan to place a sign on your business, The City of Hiawassee requires a sign permit. Please contact the City of Hiawassee at (706) 896-2202 regarding the number, size, and type of signage that is allowed for your business location, in addition to obtaining a Sign Permit Application.

The City of Hiawassee requires a Building Permit if any construction or remodels (i.e. plumbing, additions, electrical) are to take place at the business location. Please contact the City of Hiawassee at (706) 896-2202 regarding the type of construction that requires a permit.

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 Occupational 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 Occupational Tax Certificate issued as a result of this application. I understand that I must comply with all City of Hiawassee ordinances and regulations. **All tax certificates expire December 31 of the current year and must be renewed annually.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **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. Select an option below**

- (A) ☐ On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10) employees**.

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

- (B) ☐ On January 1st 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. (If the Employer selected (A) above please fill out this section.)**

**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.**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent or Employer**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

## **O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT**

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other **public benefit**, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, 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:

\_\_\_\_\_  
**(For a list of acceptable documents, please go our website “Hiawasseega.gov”)**

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 this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
\*Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Subscribed And Sworn Before Me on This  
\_\_\_\_ Day Of \_\_\_\_\_, 202\_\_\_\_.

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

My Commission Expires:

*\*This Affidavit must be signed by the same person who executes the Application Certification Form Letter*