



50 River Street Hiawasse, Georgia 30546

2021 Business License Application

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- Instructions:
- a. ***Please Complete this form completely.***
 - b. Make check payable to “City of Hiawasse” for the amount shown below.
 - c. ***Place return both completed forms & payment to the address above.***
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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 15th, 2021.**

After January 1, 2022 -\$125.00. Subject to closure and additional penalty after 2/1/2022

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 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.: _____
6. Will this business be based out of your home? Yes No
7. Is this a VRBO/AirBnB/Rental Property type business? Yes No

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*