



Business Licensing Division
 130 E. 1st Street - P.O. Box 229 - Tifton, GA 31793-0229 (229)
 382-6231 - Fax (229) 391-3990
 Website: <http://www.tifton.net>
 Email: customerservice@tifton.net

OFFICIAL USE ONLY

Business License No. _____
 Expiration Date _____
 SIC Code _____
 License Fee \$ _____
 Check # _____ Credit Card Cash

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ **Bus. Start Date** _____

Corporate Name _____ New Application Change Home Occupation
(if applicable)

Business Location _____ **Email Address** _____

_____ **State Sales Tax No.** _____

_____ **Federal ID No.** _____

Mailing Address _____ **State ID No.** _____

_____ **State License No.** _____

Phone No. _____ **Fax No.** _____ **State License Type** _____

_____ **Expire Date** _____

Description of Business _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ **Title** _____ **Driver's License No.** _____

Home Address _____ **Social Security No.** _____
(Cannot be P.O. Box)

_____ **Home Phone No.** _____

_____ **Cell Phone No.** _____

2nd Owner Name _____ **Title** _____ **Driver's License No.** _____

Home Address _____ **Social Security No.** _____
(Cannot be P.O. Box)

_____ **Home Phone No.** _____

_____ **Cell Phone No.** _____

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____ **Title** _____


Address _____ **Phone No.** _____

_____ **Cell Phone No.** _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

Classification and Fee - Please review the fee schedules on the enclosed form and enter the applicable fees below.

CERTIFICATION AND ACKNOWLEDGEMENT
 I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Tifton Municipal Code Section 74-62. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by January 1st.

SIGN HERE


 Signature of Owner or Representative

Title _____ Date _____

Estimated Current Year Annual Gross Receipts for Sales and/or Services \$ _____

Home Occupation Approval _____

Base Fee (required for each license) \$ _____

TOTAL AMOUNT DUE \$ _____

Thank you for doing business in the City of Tifton

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF TIFTON



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for **Circle One** [*Occupation Tax Certificate, Regulatory Permit, Alcohol License, Taxi Permit*], or other public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Tifton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen. *(Include front & back copy of driver's license)*
- 2) _____ I am a legal permanent resident of the United States. *(Include front & back copy of permanent resident card)*
- 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. *(Include front & back copy of resident card)*

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:

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 _____, ___, 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: _____



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.