

REQUEST/RENEWAL FORM FOR BUSINESS LICENSES

Please list a description of services your business will be providing.

Select type of ownership and complete the information required.

Phone#:() -

Please complete and sign reverse side of form

☐ **Partnership**

Name: _____ - Social Security Number _____

Address _____

City

State

Zip Code

Phone#:(____) ____ - ____

Name: _____ Social Security Number _____

Address _____

City

State

Zip Code

Phone#:(____) ____ - ____

☐ **Corporation**

Corporation Name: _____ Date of Incorporation _____ State _____

Will this business be based and operated out of your home? Yes _____ No _____

Will this business be excluding patrons under 18 years of age? Yes _____ No _____

If answered Yes, please explain: _____

Will this business be adult oriented? Yes _____ No _____

Will this business be sell alcoholic beverages or allow them to be consumed on premises? Yes _____ No _____

I hereby attest that the above information is true and correct to the best of my knowledge.

Print Name

Title

Signature

Date

Fees:

Flat Fee for calendar year (Includes \$50.00 Administrative fee) \$200.00

Service charge to change name on already issued license..... \$10.00

**New business starting up after July 1st prorated ½ for remainder of year
(Includes Administrative fee of 50.00) \$125.00**



The Unified Government of Cusseta-Chattahoochee County,

215 McNaughton St., Cusseta, Georgia 31805
(706) 989-3602 FAX (706) 989-2005 teri@ugoccc.com

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Business License, as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), from *The Unified Government of Cusseta-Chattahoochee County*, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen. **(Must include a copy of either current State Driver's License, Passport, Military ID or other State or Federal Issued Government Identification)**

OR

2) _____ I am a legal permanent resident 18 years or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.¹

The undersigned applicant also hereby verified 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.

Signature of Applicant

Date

Printed Name of Applicant

¹ Alien Registration Number for non-citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires:

¹ Note—50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C, as amended, provide 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 below.