



**The Unified Government of
 Cusseta-Chattahoochee County**
 215 McNaughton Street Cusseta, Ga 31805
 Phone: (706) 989-3602 Fax: (706) 989-2005

BUSINESS LICENSE APPLICATION

*****IMPORTANT*****

Please note that a renewal application must be completed EACH YEAR even if all information remains the same. The Business License Division cannot process incomplete applications. If any items are missing, incomplete or incorrect your application will be returned. A new business application is required if business address or ownership changes. **Written notification must be given to the county upon the closing of your business.**

Select One: New Renewal Change

SECTION 1: BUSINESS INFORMATION	
Federal Identification/Social Security # _____	State License Required: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, License Number: _____
Business Name (DBA): _____	
Phone Number: _____ Email: _____	
Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> P.O. Box or Street City State Zip </div>	
Physical Address: _____ Own or Lease Property <input type="checkbox"/>	
Leased Locations Please Provide: Landlord Name _____ <div style="margin-left: 100px;"> Landlord Address _____ </div>	
Type of Business: _____	
Please provide a description of services your business will be providing: _____ _____ _____	

SECTION 2:

CONTACT PERSON AND OWNER'S INFORMATION

Ownership Status: **Sole Owner** **LLC** **Partnership** **Corporation**

SOLE OWNERSHIP OR LLC:

Name of Owner: _____ DOB: _____ SSN: _____

Address: _____
P.O. Box or Street City State Zip

Phone Number: _____ Email: _____

PARTNERSHIP: Please provide information for all owners

Name of Owner: _____ DOB: _____ SSN: _____

Address: _____
P.O. Box or Street City State Zip

Phone Number: _____ Email: _____

Co-owner: _____ DOB: _____ SSN: _____

Address: _____
P.O. Box or Street City State Zip

Phone Number: _____ Email: _____

CORPORATION:

Name of President: _____ DOB: _____

Address: _____
P.O. Box or Street City State Zip

Phone Number: _____ Email: _____

Name of Secretary: _____ DOB: _____

Address: _____
P.O. Box or Street City State Zip

Phone Number: _____ Email: _____

Name of Registered Agent: _____

Address: _____
P.O. Box or Street City State Zip

Phone Number: _____ Email: _____

Section 3: GENERAL QUESTIONS

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 sell alcoholic beverages or allow them to be consumed on premises? ___ YES ___ NO

Section 4: CERTIFICATION

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

Print Name

Title

Signature

Date

FEEES

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 1/2 for remainder of year
(Includes Administrative fee of 50.00).....\$125.00**

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 nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

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 _____ Date

Printed Name of Applicant 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.