BUSINESS REGISTRATION APPLICATION
(PLEASE PRINT)
ALL FIELDS REQUIRED

Business Name ________________________________________________

Owner Name ________________________________________________

Business Location ____________________________________________

Phone # to include area code ______________________ cell __________

E- Mail ______________________________________________________

Type or description of Business ________________________________

Number of Employees (Required) ________________________________

The Business Registration fee 0-5 Employees- $115.00

6-9 Employees- $140.00

Over 10 Employees- $215.00

The License is good July 1st thru June 30th and late fees after August 31st.

All Businesses are required to pay including State Contractors beginning July 1st, 2019.

Applicant signature __________________________________________

Print Name ______________________________________ Date ____ - _______ 20__

P.O. BOX 87
TIFTON, GA 31793-0087
PHONE: 229-386-7961
FAX: 229-386-7964
O.C.G.A. § 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a Business registration license as referenced in O.C.G.A, § 50-36-1, from Tift County 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,

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) (2), 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 ______________________
Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from [name of county or municipal corporation], the undersigned applicant representing the private employer known as [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

   (a) _______ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
   (b) _______ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.
   *If the employer selected 1(a) please fill out Section 4 below.*

2. Fill out this section between July 1, 2012, and June 30, 2013.
   (a) _______ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
   (b) _______ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.
   *If the employer selected 2(a) please fill out Section 4 below.*

3. Fill out this section on or after July 1, 2013.
   (a) _______ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
   (b) _______ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.
   *If the employer selected 3(a) please fill out Section 4 below.*

4. 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

   Federal Work Authorization User Identification Number

   Date of Authorization

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 allowed by such statute.

Executed on the __ date of __________, 20__ in __________ (city), ________________ (state)

________________________________________
Signature of Authorized Officer or Agent

________________________________________
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF ____________, 20__.

________________________________________
NOTARY PUBLIC

My Commission Expires: