

**BUSINESS LICENSE APPLICATION
HEARD COUNTY
2022**

DATE: _____

TYPE OF LICENSE:

- Commercial
- Home Occupation

\$75.00

- New License
- Renewal

_____ **Previous License Number**

NAME OF BUSINESS: _____

BUSINESS OWNERS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

CELL NUMBER: (OPTIONAL) _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

STATE LICENSE NUMBERS (IF APPLICABLE)

Electrical: _____

Mechanical: _____

Plumbing: _____

Dealer: _____

Cosmetology: _____

Other: _____

IF YOUR BUSINESS REQUIRES TRANSPORTING OTHER'S PERSONAL PROPERTY, AND/OR INCLUDES TAXI SERVICE, WRECKER SERVICE, LOGGING SERVICE), THE FOLLOWING INFORMATION IS REQUIRED:

Number of Operating Vehicle(s): _____

Business Vehicle Insurance Company : _____

Business Insurance Policy Number(s): _____

BY SIGNING THIS FORM, YOU AGREE THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT. YOU ALSO AGREE TO ABIDE BY ALL COUNTY LICENSE AND ZONING REGULATIONS AS SET FORTH IN CURRENT ADOPTED ORDINANCES.

Signature of Applicant

PROPERTY INFORMATION:

ARE YOU THE OWNER OF PROPERTY BUSINESS IS LOCATED: _____ **YES**
_____ **NO**

If so, APPROVAL is needed from the *Heard County Tax Commission Office* that PROPERTY TAX on above address is currently paid.

- YES, Property Taxes are current**

Heard County Tax Commission

HEARD COUNTY COMMISSIONER

(Systematic Alien Verification for Entitlements)

Affidavit for a Public Benefit as required by the Georgia Security and Immigration Compliance Act

By executing this affidavit under oath, as an applicant for a public benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), I am stating the following:

_____ **I am a United States citizen; or**

_____ **I am a legal permanent resident of the United States*; 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. ***

*Alien registration number for non-citizens issued by the Department of Homeland Security or other federal immigration agency is: _____

Document for identification purposes must be provided See list on page 2 of this document.

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 Code Section 16-10-20 of the Official Code of Georgia.

Applying on behalf/Name of associated business

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____.

Notary Public

My Commission Expires: _____

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize 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. § 36-60-6.

I hereby declare under perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in

_____ (city),

_____ (state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____.

Notary Public

My Commission Expires: _____

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:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ 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 _____ DAY OF _____, 20_____.

Notary Public

My Commission Expires: _____