



**City of Perry, Georgia**  
*Transient Merchant License Application*  
Post Office Box 2030 – 1211 Washington Street  
Perry, Georgia 31069  
Office 478-988-2740 Fax 478-988-2748

(One Application Per Location)

Full Name of Transient Merchant: \_\_\_\_\_

Permanent Business Address: \_\_\_\_\_

Date and State of Incorporation (if applicable) \_\_\_\_\_

Date Qualified to Transact Business in Georgia \_\_\_\_\_

Type of Business to be Conducted: \_\_\_\_\_

Location of Business:

**Sam Nunn Boulevard**

Beginning at the junction of Sam Nunn Boulevard and Interstate I-75, and extending along both sides of Sam Nunn Blvd. in a northwest direction to the intersection of Mason Terrace and Sam Nunn Blvd.

Number of Days of Sale: \_\_\_\_\_

Attached Evidence:  Ownership  Written Lease  
 Written permission from the owner of the property to the merchant regarding the property upon which the sale is to be conducted

**\*Evidence of ownership or agreement must be submitted prior to issuance of license.**

Name of Registered Agent: \_\_\_\_\_

Permanent Address of Registered Agent: \_\_\_\_\_

Signed: \_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

**\*\*FOR OFFICE USE ONLY\*\***

Business License Fee: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Zoning Classification of Business Location: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Issuing License Clerk: \_\_\_\_\_

Zoning Officer Clearance: \_\_\_\_\_



CITY OF PERRY, GEORGIA

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

Post Office Box 2030 - 1211 Washington Street - Perry, Georgia 31069

Office 478-988-2740

Fax 478-988-2748

tax.license@perry-ga.gov

- New
Renewal
Change

Business Name Phone Number

Type of Business:

Business physical location

Business mailing address

Street or P O Box City State Zip

Number of employees (including manager) NAICS Code

Full legal name of applicant

(Applicant must provide current legal driver's license)

Applicant date of birth Social Security Number

Applicant Contact Information:

Residence Address

Street City State Zip

Cell Phone Number Home Phone Number

Work Phone Number Email

Full legal name of Owner/Manager/Agent

Full legal name of entity operating business

Full legal name of persons/entities having 20% or more interest in operating entity.

Business federal employer identification number

Business state employer identification number

State sales and use tax identification number

Please list any other associated trade names for the business

I, the applicant hereinabove set forth, after being duly sworn, under oath states the foregoing information is true and correct to my best knowledge and belief. So help me God.

This day of , 20

Applicant Signature

Date

FOR OFFICE USE ONLY

The above is a "new business" or a "change of location" and is hereby given clearance to occupy the above location and conduct business in the City of Perry. NOTE: Clearance is not required if application is a renewal of occupational tax certificate for same location.

Community Development Department

Date

**City of Perry**  
**Verifying Status for Public Benefit Application**  
**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [name of government entity], 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)(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: \_\_\_\_\_

**CITY OF PERRY**  
**Private Employer Affidavit Of Compliance**  
**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 five hundred (500) employees or less and therefore, 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. § 13-10-90.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

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:  
\_\_\_\_\_