



Where Georgia comes together.

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

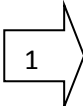
Date

E-VERIFY AFFIDAVIT

Completion of this affidavit is required for new business license applicants and for renewing business with more than 10 employees.

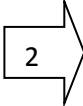
- Instructions: 1. Print your business name and address
- 2. Indicate the number of employees
- 3. Have your affidavit notarized

By executing this affidavit under oath , as an applicant for an occupational tax certificate (business license, occupation tax certificate, or other document required to operate a business) as referenced in O.C.G.A. 36-60-6(d), from the City of Perry, the undersigned applicant representing the private employer known as



_____ at _____
Name of business/private employer Address

verifies one of the following with respect to my application for the above mentioned document:



Check One:

- On Jan. 1 of the below signed year the individual, firm, or corporation employed 10 or less employees.
- On Jan. 1 of the below signed year the individual, firm, or corporation employed more than 10 employees.

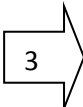
Complete this section if the individual, firm, or corporation employed more than 10 employees as of January 1:

The employer has registered with and utilized 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 number and date of authorization are as listed below.

_____ _____
Federal Work Authorization 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 statue.

Executed on the _____ date of _____, 201__ 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 _____, 201__.

NOTARY PUBLIC

MY COMMISSION EXPIRES

SAVE Affidavit

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) Business License [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from City Of Perry, [*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: _____