City of Dawsonville
P.O. Box 6, 415 Highway 53 East Suite 100
Dawsonville, Georgia 30534
Phone: (706) 265-3256
Website: www.dawsonville-ga.gov

2015

BUSINESS LICENSE APPLICATION

Please PRINT and fill out application completely.

Business Name: _____(d/b/a)_____

911 Street Address: _____ ☐ NEW BUSINESS ☐ RENEWAL

Business Phone:_____Email:_____

Business Contact Person: _____Title (Owner/Officer/Agent)_____

Business Mailing Address: _____

☐ Commercial Site ☐ Home Office _____ Date Business was Established _____NAICS Number

Description of Business / Service(s) Offered: _____

_____ Tax Map Parcel #_____

*Please be sure that your business activity is an allowed use in the Zoning Classification for your business location prior to signing lease agreements or commencing any other type of business establishment activity. Zoning Classification: _____

Will this business serve alcohol? ☐ YES ☐ NO ☐ In Future Will there be coin operated amusement devices? ☐ YES ☐ NO

- Sole Proprietorship - Need a Copy of Driver's License for sole proprietor
- Legal Partnership - Need a Copy of Driver's License for all partners
- S or C Corporation - Need a Copy of Secretary of State Registration
- Limited Liability Co. - Need a Copy of Secretary of State Registration

NUMBER OF EMPLOYEES_____

GA STATE SALES TAX#_____

FEDERAL TAX ID# (EIN) or SOCIAL SECURITY #

_____

☐ If you are required to have a State of Georgia Professional or Trade License or Business Registration, attach a current copy. We cannot process your license without a copy of your current license.
(*example*: physicians, attorneys, CPA, contractors, real estate/insurance agents, cosmetologists, therapist, chiropractor, used auto dealers, etc.)

License Fee is based on the number of employees:

Make Checks Payable to: **City of Dawsonville** Failure to obtain/renew business license: Fine of $200.00 per City of Dawsonville Ordinance Violation Fine Schedule	**Number of Employees**	**Amount Due:**	NOTE: After July 1st the TAX LIABILITY amount is half rate plus admin fee.	Tax Liability + Admin. Fee =
	0-5	**$125.00**		$100 + $25
	6-9	**$175.00**		$150 + $25
	10-99	**$325.00**		$300 + $25
	100-499	**$1025.00**		$1000 + $25
	500 or more	**$3025.00**		$3000 + $25

I, _____(print name), being the: OWNER_____ OFFICER_____AGENT_____ certify that all information contained herein is true and correct. I understand that submittal of this application and fee does not entitle the applicant to engage in the business applied for until such application is approved and license is issued. I also understand that it is my responsibility to renew my business license per calendar year: annual license expiration Dec. 31st.

Signature of Applicant: _____**Date:** _____

For Official Use Only: Application Complete: ☐ YES ☐ NO P & Z Approval: _____	Date Received:
License Fee Enclosed $_____CK#_____ City Clerk Approval: _____	
SAVE Affidavit _____ E-Verify Affidavit _____ Copy of Photo ID _____ Professional License _____	
Fire Marshal Inspection/Cert/CO _____ Health Dept. Inspection Report _____ Grease Trap Report _____	

SAVE PUBLIC BENEFITS AFFIDAVIT

O.C.G.A § 50-36-1 (e)(2)

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(e)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for Occupational Tax / Business License as referenced in O.C.G.A. § 50-36-1, from the City of Dawsonville, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

1) _____ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)

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 Dept. of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant has 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 Georgia Law O.C.G.A § 50-36-1(e) (1) A complete list of secure and verifiable documents on back of this form.

REQUIRES VERIFICATION AT SUBMISSION – Which type of secure and verifiable document was provided? :

☐ U.S. Driver's License ☐ U.S. Passport ☐ U.S. Military ID ☐Other ID_____ O.C.G.A. § 50-36-2

==========MUST BE COMPLETED WITH A NOTARY==========

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

I, _____ (representative for) _____
(Printed NAME of individual and natural person) (Name of BUSINESS, corporation, partnership, etc.)

_____ _____ _____
Signature of Applicant Print Name Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____,20_____

Executed in _____ (City), _____ (State)

_____ _____
NOTARY PUBLIC Signature My Commission Expires (Seal)

E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

O.C.G.A§ 36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupational Tax / Business License as referenced in O.C.G.A. § 36-60-6(d), from the City of Dawsonville, 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 business document:

1. Choose ONE of the following:

(A) ____On January 1st of the below signed year the individual, firm, or corporation employed **more than ten employees**. If the employer selected (A) please fill out section 2 below.

(B) ____On January 1st of the below signed year the individual, firm, or corporation employed **less than ten employees.**

2. 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 (e-verify user #) and date of authorization are as listed below:

_____

Federal Work Authorization User Identification Number (E-Verify #)

_____

Date of Authorization

==========MUST BE COMPLETED WITH A NOTARY==========

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of 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.

_____	_____	_____
Signature of Authorized Officer or Agent	Printed Name/Title of Authorized Officer or Agent	Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____,20_____

Executed in _____ (City), _____ (State)

_____	_____	
NOTARY PUBLIC Signature	My Commission Expires	(Seal)