



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

2010 BUSINESS LICENSE APPLICATION

Please PRINT and fill out application completely in ink. If no longer in business, please fax/email notification in writing.

Business Name: _____ In Historic District: YES NO
 Business Physical Address: _____ Fire Marshal Inspection: _____
 Business Mailing Address: _____ Opening Date: _____
 City / State / Zip Code: _____ Will Apply for Sign Permit: YES NO
 Number of Employees: _____ (Federal ID#) EIN # or Social Security #: _____
 Description of this Business / Service(s): _____
 Business Contact Person: _____ Title: _____
 Contact Mailing Address: _____ Phone: _____
 Business Phone: _____ Cell #: _____
 Business Email: _____ Fax #: _____
 Business Website: _____

(CHECK) Type of Company: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Legal Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Limited Liability Co.	Attach a Copy of: Driver's license & Secretary of State Registration (if applicable)	Location of Business: <input type="checkbox"/> HOME <input type="checkbox"/> COMMERCIAL Landlord: _____ _____
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If you are required to have a Georgia professional or trade license or business registration, attach a current copy. (Ex: doctors, contractors, beauticians, nail technician, therapist, chiropractor, etc.) We cannot process your license without a current copy.

I _____ (print) 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 THE BUSINESS LICENSE IS ISSUED. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO RENEW PER CALENDAR YEAR TO AVOID PENALTIES.

Signature: _____ Date: _____ Amt. Paid: \$ _____ Check # _____

Application and remittance due:	Number of Employees	Tax Liability (Half after July 1)	Administration Fee	Amount Due (Pay after July 1)
	0-5	\$100.00	\$25.00	\$125.00 (\$75.00)
	6-9	\$150.00	\$25.00	\$175.00 (\$100.00)
	10-99	\$300.00	\$25.00	\$325.00 (\$175.00)
	100-499	\$1,000.00	\$25.00	\$1,025.00 (\$525.00)
	500 or more	\$3,000.00	\$25.00	\$3,025.00 (\$1525.00)
	Fire Marshal \$100.00	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

Office Use Only: NAICS# _____ TMP# _____ Zone: _____ Pmt Received by: _____ Renewal New Fire Marshal C/O: _____

Public Benefits Affidavit of Citizenship

Note: Georgia Law requires that the City of Dawsonville, Georgia obtain an affidavit regarding the subjects indicated herein from any person who wishes to apply for a "Public Benefit" as that term is defined by Georgia Law.

- 1. I am over the age of 18, of sound mind, and am competent to make this Affidavit
- 2. I am executing this affidavit under oath, as an applicant for a City of Dawsonville, Georgia, Public Benefit. Public Benefits include Retirement Benefits, Health Benefits, Disability Benefits, Business Licenses, Occupation Tax Certificates, Alcohol Licenses, Vehicle for Hire Permits, Contracts, or other public benefits as referenced and defined in O.C.G.A. Section 50-36-1.
- 3. I make this affidavit as part of my application for a City of Dawsonville, Public Benefit for (circle one) MYSELF or _____ (name of the entity for which the benefit is sought).
- 4. With respect to my presence in the United States, I state as follows:

a. _____ I am a United States citizen

OR

b. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act lawfully present in the United States. I have provided my Alien Registration Number or, in the event I do not have an Alien Registration Number, I have provided another identifying number below.*

5. 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.

Signature of Applicant:

Date:

Printed Name: _____

* _____

Alien Registration or Other Identifying Number for Non-Citizens

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

Notary Public _____

My Commission Expires: _____

*Note: O.C.G.A. § 50-36- 1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title S U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. **Qualified aliens that do not have an alien registration number may supply another identifying number.**