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COUNCIL MEMBERS

• Cortney Austin • Patrice William-Manley. • LaRounda Thomas • Clae Wynn

Erica Paul, Municipal Court Clerk • Paula Jones, Accounting Clerk

# CITY OF OCILLA

(229) 468-5141 • 468-9456 • FAX 468-9447

P.O. Box 626  
Ocilla, GA 31774

## APPLICATION FOR BUSINESS LICENSE

*Attention: "Before a municipality is allowed to grant a business license or other document required to operate a business the municipality must obtain from the business an E-Verify affidavit. If the business is a private employer "engaged in a profession or business required to be licensed by the state under Title 43" then the municipality is required to obtain proof of state licensure before granting the local business license. Title 43 of the Georgia Code contains mandates for state licensure for a large number of professions, including, but not limited to, barbers, cosmetologists, electricians, plumbers, nurses, contractors, transient merchants, used car salesmen, and many more. This mandate has been in the law for a number of years but it is important to reiterate these requirements because the new immigration related state laws have attached significant penalties to failure to comply with this mandate."*

[Everify@dhs.gov](mailto:Everify@dhs.gov)  
[www.dhs.gov/e-verify](http://www.dhs.gov/e-verify)

The Department of Homeland Security  
888-464-4218

Please return completed application to the City Clerk's Office

DATE: \_\_\_\_\_

NAME OF BUSINESS AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE TYPE OF BUSINESS: \_\_\_\_\_

WHAT DAYS WILL THE BUSINESS BE OPEN? (Circle all that apply) SUN MON TUES WED THURS FRI SAT

WHAT HOURS WILL THE BUSINESS BE OPEN? \_\_\_\_\_ CLOSING? \_\_\_\_\_

**All business serving alcohol by the drink must be closed by 12:00 a.m. (midnight)**

HAVE YOU PREVIOUSLY OPERATED A BUSINESS IN IRWIN COUNTY? Yes or No (circle one)

IF YES, THEN LIST NAME OF BUSINESS AND DATES YOU OWNED THE BUSINESS:

\_\_\_\_\_

NUMBER OF EMPLOYEES YOU WILL EMPLOY: \_\_\_\_\_

NAME, SIGNATURE, AND TITLE OF PERSON(S) IN WHOSE NAME(S) THE BUSINESS WILL BE OPERATED:

|                                 |                                 |
|---------------------------------|---------------------------------|
| PRIMARY BUSINESS OWNER          | SECONDARY BUSINESS OWNER        |
| _____<br>NAME                   | _____<br>NAME                   |
| _____<br>SIGNATURE              | _____<br>SIGNATURE              |
| _____<br>TITLE                  | _____<br>TITLE                  |
| _____<br>SOCIAL SECURITY NUMBER | _____<br>SOCIAL SECURITY NUMBER |
| _____<br>HOME ADDRESS           | _____<br>HOME ADDRESS           |
| _____<br>PHONE NUMBER           | _____<br>PHONE NUMBER           |
| _____<br>WITNESSED BY           | _____<br>WITNESSED BY           |

**BUSINESS LICENSE OCCUPATIONAL TAX FOR LICENSE FEES**

|   |       |                |                |
|---|-------|----------------|----------------|
| First 10 employees                              | _____ | X \$25.00 = \$ | _____          |
| Next 10 employees                               | _____ | X \$18.75 = \$ | _____          |
| Next 10 employees                               | _____ | X \$14.06 = \$ | _____          |
| Next 10 employees                               | _____ | X \$10.55 = \$ | _____          |
| Next 10 employees                               | _____ | X \$ 6.33 = \$ | _____          |
| Remaining employees                             | _____ | X \$ 1.90 = \$ | _____          |
| <b>PLUS THE ADMINISTRATIVE FEE \$25.00 = \$</b> |       |                | _____          |
|   |       |                | \$ _____ TOTAL |

If you and/or your employees are licensed by the state, we are required by Georgia law to obtain a copy of the valid license.

Please list the names of employees requiring a state license and include the state license number on this form. (Please attached separate sheet for additional employees).

|               |                               |
|---------------|-------------------------------|
| _____<br>Name | _____<br>State License Number |
| _____<br>Name | _____<br>State License Number |
| _____<br>Name | _____<br>State License Number |

BUSINESS SALES TAX ID NUMBER \_\_\_\_\_

**After January 31st a 10% penalty will be enforced.**

“This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250”



**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**  
**(E-Verify affidavit)**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[business license, occupational 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 Ocilla, the undersigned applicant  
representing the private employer known as

\_\_\_\_\_  
[printed name of private employer or owner]

verifies one of the following with respect to my application for the above-mentioned 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 (10) 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 ten (10) or fewer 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 and date of authorization are as listed below:

| Federal Work Authorization User Identification Number<br><b>(E-Verify Number)</b> | Date of Authorization |
|---|-----------------------|
|---|-----------------------|

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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 statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 20\_\_ 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 \_\_\_\_\_, 20\_\_.  
NOTARY PUBLIC  
My Commission Expires:

“This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250”

Please remit form and payment to: City of Ocilla  
111 N. Irwin Avenue  
P.O. Box 626  
Ocilla, GA 31774

I look forward to you being a part of our business community.

Sincerely,  
*Mayor Melvin D. Harper II*

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**FOR THE CITY OF OCILLA CLERK'S OFFICE USE ONLY**

**ZONE CLASSIFICATION** \_\_\_\_\_ **LICENSE NUMBER** \_\_\_\_\_

**LICENSE AMOUNT** \_\_\_\_\_ **FEDERAL TAX ID #** \_\_\_\_\_

**SALES TAX ID NUMBER** \_\_\_\_\_

**E-VERIFY NUMBER** \_\_\_\_\_

**BUSINESS CODE** \_\_\_\_\_ **OFFICE STAFF SIGNATURE** \_\_\_\_\_

**DATE APPROVED AND LICENSED ISSUED** \_\_\_\_\_