

50 River Street Hiawassee, Georgia 30546

## 2023 Business License Application

| 1                         | o. Make che         | omplete this form comple<br>ck payable to "City of H<br>turn both completed form | iawassee" for th |                                      | ow.         |
|---------------------------|---------------------|--|------------------|--------------------------------------|-------------|
| TYPE OF LIC               | ENSE (Select O      | ne Below):   |                  |                                      |             |
| □ New Bus                 | siness (\$100.00)   | ☐ Renewal (\$100.00)   |                  | ange (FREE)<br>days from move to nev | v location) |
|                           |                     | nit payment by <u><b>Decemb</b></u> . Subject to closure and                     |                  |                                      | 3           |
| Name of Business: _       |                     |  |                  |                                      |             |
| Business Physical A       | ddress:             |  |                  |                                      |             |
| <b>Business Telephone</b> | Number:             | F:   | ax #:            |                                      |             |
| Email Address:            |                     |  |                  |                                      |             |
|                           |                     |  |                  |                                      |             |
|                           |                     | on will appear on City o opt out of having you                                   |                  |                                      |             |
| Name of Applicant:        |                     |  |                  |                                      |             |
| <b>Applicant Phone Te</b> | lephone #:          | (Ho  | me)              |                                      | (Cell)      |
| Business Mailing Ad       | ldress (If differen | nt):   |                  |                                      |             |
| <b>Emergency Contact</b>  | Name & Numb         | oer (24hr):  |                  |                                      |             |
| prominent description     | n you would lik     | on of business activities to have on website ch category would you               | first. For exa   | ample, if your busi                  | ness sells  |
| Years in Business:        |                     |  |                  |                                      |             |

| 1. | Number of employees: Full- time Part-time  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|
| 2. | Will any activities involve the use of chemicals, machinery or matter of energy that may create or cause to be created, noise, noxious odors or hazards that will endanger the health, safety or welfare of the community?  Yes No   |  |  |  |  |  |  |  |  |
| 3. | Do you own or lease the business location? □Own □Rent/Lease  |  |  |  |  |  |  |  |  |
| 4. | Do you require a State License Under O.C.G.A § 43- Professions & Businesses, if yes, please provide a copy of your professional license?   No  |  |  |  |  |  |  |  |  |
| 5. | Please provide your Federal Tax Id No.:  |  |  |  |  |  |  |  |  |
| 6. | Will this business be based out of your home? ☐ Yes ☐ No   |  |  |  |  |  |  |  |  |
| 7. | Is this a VRBO/AirBnB/Rental Property type business? ☐ Yes ☐ No  |  |  |  |  |  |  |  |  |
|    | <u>Notice</u>  |  |  |  |  |  |  |  |  |
|    | The U.S. Internal Revenue Service issues an Identification Number (E.I.N.) to any business that: 1) has employees, and/or 2 plans to establish itself as a corporation, partnership, or sole proprietorship (some exceptions may apply). Provide the E.I.N. with your City of Hiawassee Occupational Tax Application. The telephone number to call to obtain this number is (800) 829-4933 of online at <a href="https://www.irs.gov">www.irs.gov</a> .  Certain professions are required to obtain professional licenses/certifications from the State of Georgia. A few examples of these professions are: Plumbers, Electricians, Heating/Air Conditioning Contractors, Attorneys, Physicians, Cosmetologists, and Salons. For more information on Georgia State professional licensing, call the Georgia Secretary of State Licensing Board at (478) 207-2440. Documentation of this certification must be provided with the City of Hiawassee Occupational Tax application (O.C.G.A. § 36-60-6) |  |  |  |  |  |  |  |  |
|    | <u>Notice</u>  |  |  |  |  |  |  |  |  |
|    | If you plan to place a sign on your business, The City of Hiawassee requires a sign permit. Please contact the City of Hiawassee at (706) 896-2202 regarding the number, size, and type of signage that is allowed for your business location, in addition to obtaining a Sign Permit Application.  The City of Hiawassee requires a Building Permit if any construction or remodels (i.e. plumbing, additions, electrical) are to take place at the business location. Please contact the City of Hiawassee at (706) 896-2202 regarding the type of construction that requires a permit.  |  |  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |  |  |
|    | I,   |  |  |  |  |  |  |  |  |
|    | Applicant Signature Date   |  |  |  |  |  |  |  |  |
|    | Print Name: Title  |  |  |  |  |  |  |  |  |

## Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.

Select an option below

## O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other <u>public</u> <u>benefit</u>, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

| 1)   | I am a United Sta   | ates 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:   |                 |         |   |                    |  |  |  |  |
|  | east one secure and v   |                 |         | hat he or she is 18 years of age of s required by O.C.G. A. § 50-36                                     |                    |  |  |  |  |
| The secure and verifiable document provided with this affidavit can best be classified as: |   |                 |         |   |                    |  |  |  |  |
| (For a list of   | acceptable docume   | ents, please go | our w   | ebsite "Hiawasseega.gov")   |                    |  |  |  |  |
| willfully mak  | tes a false fictitious,   | or fraudulent   | stateme | nderstand that any person who<br>nt or representation in an affidav<br>penalties as allowed by such cri | it shall be guilty |  |  |  |  |
| Executed this  | s theday of   | , 20            | _ in    | (city),   | (state).           |  |  |  |  |
|  |   |                 |         | *Signature of Applicant   |                    |  |  |  |  |
|  |   |                 |         | Printed Name of Applicant   |                    |  |  |  |  |
|  | d Sworn Before Me   |                 |         |   |                    |  |  |  |  |
| NOTARY PU<br>My Commission   |   |                 |         |   |                    |  |  |  |  |

 $<sup>{\</sup>it *This Affidavit must be signed by the same person who executes the Application Certification Form \ Letter}$