UNIFIED GOVERNMENT OF GEORGETOWN-QUITMAN COUNTY, GA

P.O. BOX 114 GEORGETOWN, GA 39854



(229) 334-09	03 TELEPHONE	(229) 334-2	151 FAX	DATE
Type of License – ple	ase check one:			
□ New	☐ Renewal		Modification	
Business Information	ı:			
Legal Business Name:				
Nature of Business:				
	es at your business			
Physical Address:		Phone:	Fax:	
Mailing Address:				
Email Address:	GA Sa	ales Tax #:	FEIN #: _	
Type of Ownership-	please check one:	□Limited Liability Co.	□Сс	orporation
List Names of Owner(s) or Partners (if not individual b	•		
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
	n this application has been filled			
Date:	Signature:			
Building Insp	pector Signature:			

The Unified Gov of Georgetown-Quitman is an equal opportunity service provider and employer.

PLEASE READ THE FOLLOWING INFORMATION:

Please complete the attached application. You may mail it back to P.O. Box 114 or bring it in to the Commissioners' Office at 25 Old School Road.

The annual license fee is \$150.00. You may make a payment by using one of the following: money order, check, cash or credit/debit card. Please make all checks payable to Georgetown-Quitman County Commission.

Your business license will **expire on December 31**, of each year. If payment is not made by **March 1**, it shall be subject to <u>a penalty of 10% of the tax or fee due</u>.

Important

Notice before you may be issued this business license you must by **GA Law § 26-2-25** present your Ga Food Act license. Contact Christopher Carter at 229-386-3489 Office of Georgia Department of Agriculture District 3 for more information.

The Commission of Georgetown-Quitman County, Georgia

Affidavit Verifying Status for County Public Benefit Application

Business Occupation Tax Certification of the Business Occupation Tax Certification Tax Certif	cate, Alcohol License 50-36-1, I am stating the	for, County Georgia , Taxi Permit or other public benefit as he following with respect to my applic ermit or other public benefit (circle on	eation for a County Business
[Name of natural person applying	ng on behalf of individ	ual, business, corporation, partnership	, or other private entity]
Number of employees at your	<u>business</u>	_(if more than 10 provide E-Verify	Number)
1) I am a United St	ates citizen		
OR			
immigrant under the Fed United States.*	deral Immigration and numberst	years of age or older or I am an otherw Nationality Act 18 years of age or older and that any person who knowingly are an affidavit shall be guilty of a violation	er and lawfully present in the nd willfully makes a false,
Signature of Applicant:		e	
Printed Name		Social Security Number	-
Address		Phone Number	-
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE		*	
DAY OF Notary Public My Commission Expires:	, 20	Alien Registration number for not	n-citizens

*Note: O.C.G.A. § 50-3-1 (e) (2) requires that aliens under the federal Immigration and Nationality Act, Title 8 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 below:

*The Building Inspector or representative can enter the premise at any time during business hours.

The Unified Gov of Georgetown-Quitman is an equal opportunity service provider and employer.