# UNIFIED GOVERNMENT OF GEORGETOWN-QUITMAN COUNTY, GA

P.O. BOX 114 GEORGETOWN, GA 39854



(229) 334-0	0903 TELEPHONE	(229) 334	-2151 FAX	DATE
Type of License – ple	ease check one:			
□ New	☐ Renewal		Modification	
Business Informatio	n:		_	
Legal Business Name	:			
Nature of Business: _				
	ees at your business			
Physical Address:		Phone:	Fax:	
Mailing Address:				
	GA S			
Type of Ownership-  ☐ Individual	please check one:  ☐ Partnership	□Limited Liability Co.	□Cor	poration
List Names of Owne	er(s) or Partners (if not individua	•		
Name:	Address:		Phone:	
Name:	Address:		Phone:	
Name:	Address:		Phone:	
	on this application has been fill			
Date:	Signature:			
Ruilding In	snector Signature			

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

#### PLEASE READ THE FOLLOWING INFORMATION:

0-5 employees \$150.00 PLUS A \$25.00 ADMINISTRATIVE FEE
6-10 employees \$200.00 PLUS A \$25.00 ADMINISTRATIVE FEE
11-15 employees \$300.00 PLUS A \$25.00 ADMINISTRATIVE FEE
16-20 employees\$400.00 PLUS A \$25.00 ADMINISTRATIVE FEE
21-25 employees \$500.00 PLUS A \$25.00 ADMINISTRATIVE FEE
26+ employees \$600.00 PLUS A \$25.00 ADMINISTRATIVE FEE

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.

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 February 29, of each year. If payment is not made by **March 31**, it shall be subject to <u>a penalty</u> of 10% of the tax or fee due.

### **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

	for county i c	ione Benefit rippheation	
Be executing this affidavit under	oath, as an applicant f	or, County Georgia Taxi Permit or other public benefit as	
		e following with respect to my applica	•
Occupational Tax Certificate, Ald	cohol License, Taxi Pe	ermit or other public benefit (circle one	) for
		·	
[ Name of natural person applying	g on behalf of individu	ual, business, corporation, partnership,	or other private entity]
	_		
Number of employees at your b	usiness	_(if more than 10 provide E-Verify <b>N</b>	Number)
1) I am a United Sta	ntes citizen		
OR			
2) I am not a legal pe immigrant under the Fede United States.*	ermanent resident 18 years are Immigration and I	ears of age or older or I am an otherwis Nationality Act 18 years of age or older	se qualified alien or non- r and lawfully present in the
		and that any person who knowingly and a ffidavit shall be guilty of a violation	-
Signature of Applicant:	Date	_ ;	
Printed Name		Social Security Number	
Address		Phone Number	
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE			
		*	
DAY OF	, 20	Alien Registration number for non-	-citizens
Notary Public		· ·	
My Commission Expires:			

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

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<sup>\*</sup>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: