# BUSINESS LICENSE APPLICATION
# AND RENEWAL FORM
## EVANS COUNTY, GEORGIA
### EVANS COUNTY BOARD OF COMMISSIONERS
### CODE ENFORCEMENT

613 WEST MAIN ST, CLAXTON, GA 30417 (912) 739-1141

*PLEASE FILL OUT COMPLETELY – DO NOT LEAVE BLANKS*

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY/ZIP CODE: _____

BUSINESS MAILING ADDRESS: _____

CITY/ZIP CODE: _____

BUSINESS PHONE: _____

BUSINESS EMAIL ADDRESS: _____

BUSINESS CONTACT: _____

BUSINESS CONTACT PHONE NUMBER: _____

LINE OF BUSINESS: (TYPE OF BUSINESS/SERVICES OFFERED)

_____

_____

Regulatory fee of $100.00 is due before commencing business on January 1st of each year, beginning January 2023 and thereafter.

_____

Please Sign Below Statement:

**I, _____ (PRINT), OWNER/OFFICER/AGENT, certify that all the information contained herein is true and correct. I certify that the above listed business has met all requirements to conduct business in Evans County including all necessary permits as required by local, state, and federal laws and regulations.**

**SIGNATURE: _____**

**TITLE: (Owner/Officer/Agent/Other)_____**

**DATE: _____** **RENEWAL: YES ☐ NO ☐**

IF YOU ARE REQUIRED TO HAVE A STATE OF GEORGIA PROFESSIONAL LICENSE OR BUSINESS REGISTRATION, PLEASE ATTACH A CURRENT COPY. THIS IS REQUIRED TO PROCESS YOUR APPLICATION.

---

**-OFFICE USE ONLY-**

| | | |
|---|---|---|
| COMPLETED APPLICATION | ☐ | NOTES: |
| REGULATORY FEE | ☐ | NOTES: |
| ATTACHMENT IF APPLICABLE | ☐ | NOTES: |

PRIVATE EMPLOYER EXEMPTION AFFIDAVIT

PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs less than eleven (11) employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer _____

Printed Name of Exempt Private Employer _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 20__ in

_____ (city, State).

Signature of Authorized Officer/Agent: _____

Printed Name and Title of Authorized Officer/Agent: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS

_____ DAY OF _____, 202

_____

Notary Public

My Commission Expires: _____

PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE

PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A.§36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization Use Identification Number _____

Date of Authorization _____

Name of Private Employer _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 20__ in

_____ (city, State).

Signature of Authorized Officer/Agent _____

Printed Name and Title of Authorized Officer/Agent _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS

_____ DAY OF _____, 202

_____

Notary Public

My Commission Expires: _____

**O.C.G.A. § 50-36-1(e) (2) Affidavit**-By executing this affidavit under oath, as an applicant for a(n) Business License for _____,*(Name of Owner)* as referenced in O.C.G.A. §50-36-1, from Evans County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) ___ I am a United States 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: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(l), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

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 as allowed by such criminal statute.

Executed in _____ (city), _____,(state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS

_____ DAY OF _____, 202

_____

Notary Public

My Commission Expires: _____