

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

REGULATORY FEE \$10.00

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	<input type="checkbox"/>	NOTES:
REGULATORY FEE \$10	<input type="checkbox"/>	NOTES:
ATTACHMENT IF APPLICABLE	<input type="checkbox"/>	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 _____, 2022

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 _____, 2023

Notary Public

My Commission Expires: _____

[Type here]