

City of Danielsville

P.O. Box 339, 10 Government Circle
Danielsville, Georgia 30633
Phone: (706) 795-2189
Website: www.cityofdanielsville.us

NEW BUSINESS LICENSE APPLICATION

Please PRINT and fill out application completely.

Business Name: (d/b/a)

911 Street Address: EIN or SS#

Business Phone: Email:

Business Contact Person: Title (Owner/Officer/Agent)

Business Mailing Address:

Commercial Site Home Office Non-Permanent Date Business Established: Map/Parcel#:

Descriptions of Business Services Offered:

*Please be sure that your business activity is a Permitted Use in the Zoning Classification for your business location prior to signing lease agreements or commencing any other type of business establishment activity. Zoning Classification:

Will this business handle alcohol sales? YES NO Will this business need construction/renovation permits? YES NO

What type of business do you operate?

- Sole Proprietorship - Need a Copy of Driver's License for sole proprietor & Trade Name Registration
Legal Partnership - Need a Copy of Driver's License for all partners & Trade Name Registration
S or C Corporation - Need a Copy of Driver's License for Business Contact Person & Secretary of State Registration
Limited Liability (LLC)- Need a Copy of Driver's License for Business Contact Person & Secretary of State Registration

For Partnerships, list Partners:

Table with 5 columns: Name & Resident Address, Social Security #, G-General L-Limited S-Silent, Interest Investment \$, Interest Participation %

Attach a separate page if more space is required.

For Corporations or LLC's, list Officers, Directors, Members, and/or Principal Shareholders with 20% or more of the stock:

Table with 4 columns: Name, Social Security #, Position, Interest %

Attach a separate page if more space is required.

Are you required to have a State of Georgia Professional or Trade License or Business Registration? YES NO
If yes, attach a current copy. We cannot process your application without a copy of your current license. [See Appendix 1 for a List of Professional Occupations Requiring State Licensure - attached for your reference] (Example: physicians, attorneys, CPA, contractors, real estate/insurance agents, cosmetologists, therapist, chiropractor, used auto dealers, etc.)

Does your business operation require any State Permits, Registration and/or Tax Requirements regulated by GA Dept of Revenue, Dept of Agriculture, Dept of Public Health, Dept of Public Safety, etc ? *[Check all that apply & Supply a copy of each]*

- Georgia Sales & Use Tax Registration # _____
- Georgia Lottery Participate Tobacco Alcohol
- Food Safety (Convenient Store Deli) Live Plants Fuels & Measurements
- Food Service Permit (Restaurant) Private Septic System on Property
- Household Movers Certificate

Are you required to have any federal licensing? YES NO *[Attach a copy of your current license]*

E-Verify Participate YES NO *[complete "E-Verify & Private Employer Affidavit"]*

Do you or your business owe any delinquent utility accounts, real or personal property taxes to the city or county? YES NO

Will you be installing new signage for your business this year? YES NO

Will this be a home-based business? YES NO *[Conditional Use Application will be required. Contact City Clerk]*

Is this a "non-permanent" or "seasonal" business? YES NO *[A Letter of Permission will be required. Contact City Clerk]*

License Fee Schedule:

Make Checks Payable to: <u>City of Danielsville</u> Failure to obtain/renew business license: 10% Late Fee Penalty & Fine of \$200.00 per City of Danielsville Ordinance Violation Fine Schedule	Number of Employees _____	Amount Due: Annual Flat Fee \$100* "Seasonal" Fees: 1-3 mths \$35.00 4-6 mths \$70.00	*NOTE: After July 1 st the annual TAX LIABILITY amount is reduced by half	FINANCIAL INSTITUTIONS .25% OF GROSS RECEIPTS, NOT LESS THAN \$1,000 TOTAL DUE- _____
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I, _____ (print name), being the: OWNER OFFICER AGENT

Certify that all information contained herein is true and correct. I understand that submittal of this application and fee **does not** entitle the applicant to engage in the business applied for until such application is approved and license is issued. I also understand that it is my responsibility to renew my business license per calendar year: Annual License Expires Dec 31st. Renewal Licenses purchased after February 28th will be assessed "Late Fee" and "Failure to Obtain" penalties.

Signature of Applicant: _____ Date: _____

For Official Use Only: Application Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO		City Clerk Approval: _____		License Certification Issued On: _____	
License Fee Enclosed \$ _____	Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Check	CC	MO	Ref # _____	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">Date Received</div>
SAVE Affidavit _____	E-Verify Affidavit _____	Copy of Photo ID _____	Professional License _____		
Building Inspection/Cert/CO _____	Health Dept. Inspection Report _____	Grease Trap Report _____			
City and County Taxes Paid In Full: _____	P & Z Approval _____				
Notes: _____		Application completed by _____			

SAVE PUBLIC BENEFITS AFFIDAVIT

O.C.G.A § 50-36-1 (e)(2)

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant’s lawful presence in the United States (Ga. Code 50-36-1(e)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for Occupational Tax / Business License as referenced in O.C.G.A. § 50-36-1, from the City of Danielsville, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

1) _____ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)

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 Dept. of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant has 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 Georgia Law O.C.G.A § 50-36-1(e) (1) A complete list of secure and verifiable documents on back of this form.

REQUIRES VERIFICATION AT SUBMISSION – Which type of secure and verifiable document was provided?

U.S. Driver’s License U.S. Passport U.S. Military ID Other ID _____ O.C.G.A. §50-36-2

=====MUST BE COMPLETED WITH A NOTARY=====

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

I, _____ (representative for) _____
(Printed NAME of individual and natural person) (Name of BUSINESS, corporation, partnership, etc.)

Signature of Applicant

Print Name

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____, 20 _____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature

My Commission Expires

(Seal)

E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT
O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupational Tax / Business License as referenced in O.C.G.A. § 36-60-6(d), from the City of Danielsville, the undersigned applicant representing the private employer known as _____ (Printed Name of Private Employer) verifies one of the following with respect to my application for the above mentioned business document:

1. Choose ONE of the following:

(A) _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten employees**. If the employer selected (A) please fill out section 2 below.

(B) _____ On January 1st of the below signed year the individual, firm, or corporation employed **less than ten employees**.

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6 (a). The undersigned private employer also attests that its federal work authorization user identification number (e-verify user #) and date of authorization are as listed below:

Federal Work Authorization User Identification Number (E-Verify #)

Date of Authorization

=====MUST BE COMPLETED WITH A NOTARY=====

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties allowed by such statute.

Signature of Authorized Officer or Agent

Printed Name/Title of Authorized Officer or Agent

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____, 20____

Executed in _____(City), _____(State)

NOTARY PUBLIC Signature

My Commission Expires

(Seal)

State Issued Licenses

State Board of Accountancy

Certified Public Accountant
Registered Public Accountant
Foreign Accountant
Accounting Firms

State Boards of Architects

Architects
Interior Designers

Georgia Athlete Agent Commission

Athlete Agents

Board of Athletic Trainers

Athletic Trainers

Georgia Auctioneer Commission

Auctioneers
Auctioneer Corporations
Non-resident auctioneers
Non-resident corporations

State Board of Barbers

Master Barbers
Teachers
Apprentice
Schools
Shops

State Board of Chiropractic Examiners

Chiropractors

Construction Industry Licensing Boards

Conditioned Air Contractors
Electrical Contractors
Low Voltage Contractors
Master Plumbers
Journeyman Plumbers
Utility Contractors
Utility Manager
Utility Foreman

State Board of Cosmetology

Master Cosmetology
Teachers
Instructor Trainee
Esthetician
Apprentice
Schools
Shops
Manicurists

Composite Board of Prof. Counselors, Social Workers and Marriage Therapists

Professional Counselor
Associate Professional Counselor
Master Social Worker
Clinical Social Worker
Marriage and Family Therapist
Assoc. Marriage and Family Therapist

Georgia Board of Dentistry

Dentists
Dental Hygienists

Board of Examiners of Licensed Dieticians

Dieticians

State Board of Professional Engineers and Land Surveyors

Professional Engineer
Engineer-In-Training
Land Surveyor
Land Surveyor-In-Training

State Board of Registration for Foresters

Foresters

State Board of Funeral Service

Funeral Director
Embalmer
Establishment
Apprenticeship

State Board of Registration for Professional Geologists

Professional Geologist

State Board of Hearing Aid Dealers and Dispensers

Hearing Aid Dealer
Hearing Aid Dispenser

State Board of Landscape Architects

Landscape Architects

State Board for the Certification of Librarians

Librarians

Composite State Board of Medical Examiners

Acupuncture
Paramedic
Cardiac Technician Teacher
Institutional & Provisional Physician (MD & DO)
Osteopath Respiratory Therapist

State Board of Nursing Homes

Nursing Home Administrator
Nursing Home Administrator In-Training

Occupational Therapy

Occupational Therapist
Occupational Therapist Assistant

State Board of Dispensing Opticians

Opticians

State Board of Examiners in Optometry

Optometrists

State Board of Pharmacy

Pharmacists Intern
Retail Pharmacy
Hospital pharmacy
Wholesaler Manufacturer
Research Approvals
Pharmacy Schools
Nuclear Pharmacists
Pharmacy Clinics
Nuclear Pharmacies
Prison Clinic Pharmacies

State Board of Physical Therapy

Physical Therapists
Physical Therapy Assistants

State Board of Podiatry Examiners

Podiatrist

Board of Examiners of Licensed Practical Nurses

Licensed Practical Nurses

Board of Private Detectives and Security Agents

Private Detectives Employees

Private Security Guards

Private Detective Businesses

Private Security Businesses Weapon Permits

Training Instructors Classroom Firearms Classroom & Firearms

State Board of Examiners of Psychologists

Psychologists

Georgia Board of Nurses

Registered Nurses

Licensed Undergraduate Nurses Advanced Practice

State Board of Examiners for Speech Language Pathology and Audiology

Speech Language Pathologists Audiologists

Speech Language Pathology Aide Paid Clinical Experience Fellow

State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers

Used Motor Vehicle Dealers

Used Motor Vehicle Parts Dealers

Used Motor Vehicle Dismantlers

Salvage Yard Dealers Rebuilders

Salvage Pool Operators

State Board of Veterinary Medicine

Veterinarians Faculty Licenses

Animal Technician

State Board of Water and Wastewater Treatment Plant and Operator and Laboratory Analysis

Public Water Supply System

Operator (Class I, II, III, IV)

Biological Wastewater Treatment

System Operator (Class I, II, III, IV)

Industrial Wastewater Treatment

System Operator

Water or Wastewater Lab. Operator

Wastewater Collection System Operator technician