CityofDanielsville

P.O. Box 339 Danielsville, Ga 30633 Phone: (706) 795-2189 Fax: (888) 295-1935

*Mayor Michael Wideman Mayor Pro Tem Steve Russum Council Member Libby Loftis*

*Council Member Nancy Frederico*

*Council Member Dona Miller*



Dear Business Owner:

Enclosed you will find your 2024 Application for Business License. Use the following check list to ensure all the proper papers are filled out correctly and all required copies are attached. The application will not be processed unless the application is returned completed.

|  |  |
| --- | --- |
| Main Application (Pg. 1-2) | Pages that apply to your business completed |
| Save Public Benefits Affidavit (Pg.3) | Not required for renewals as long as there’s no change in the license applicant |
| E-Verify Affidavit (Pg. 4) | Not required for renewals as long as there’s no change in the  license applicant and/or a change in the number of employees |
| Copy of Applicants ID | Valid Driver’s License, Passport, or State Issued ID |
| State of Georgia Sales & Use Tax Registration # | If your business is required to collect sales tax |
| State of GA Professional or Trade  License Requirements  State of GA Permit & Certificate Requirements | Provide a copy of your valid license. See attached list of  Professional or Trade Occupations requiring special license.  State agencies -Dept of Revenue, Dept of Ag, Health Dept, etc  Ex. Lottery, Tobacco, Alcohol, Household Movers Certificate,  Food Service Permit, Food Safety (Deli), Live Plants, Fuels & Measures, etc. |
| Real and Personal Property Taxes  Obligations | All City and County Real and Personal Property Taxes Owned by  the applicant and/or the business must be current. |

To view the complete ordinance, visit our website at <https://www.danielsvillega.com/> and click on Chapter 32: Licensing and Business Regulations. Some forms included in this package will require a notary. For your convenience, we offer Notary Services at no additional cost. If you have any questions, please feel free to contact our office Monday thru Friday 8am to 5pm 706-795-2189.

Sincerely,

Kimberly Davis City Clerk

## City of Danielsville

P.O. Box 339, 10 Government Circle

Danielsville, Georgia 30633

Phone: (706) 795-2189

Website: [www.cityofdanielsville.us](http://www.cityofdanielsville.us/)

**2024**

# 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:

G-General Interest:

Name & Social L-Limited Investment Participation

Resident Address: Security # S-Silent: $ %

**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:

Name: Social Security # Position: Interest %

**Attach a separate page if more space is required.**

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* 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/insuranceagents,cosmetologists,therapist,chiropractor,usedautodealers,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:  City of Danielsville  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:** | \*NOTE:  st  After July 1  the annual TAX LIABILITY  amount is reduced by half | FINANCIAL INSTITUTIONS |
|  | Annual Flat Fee $100\* | .25% OF GROSS |
|  | **“Seasonal” Fees:** | RECEIPTS, |
|  | 1-3 mths $35.00  4-6 mths $70.00 | NOT LESS THAN $1,000 |
|  |  | TOTAL DUE: |

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:



O

$

Cash Check

CC

MO Ref #

**City and County Taxes Paid In Full:**

**Notes: Application completed by**

|  |  |  |
| --- | --- | --- |
|  | Date Received |  |
|  | | |

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# 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 ANOTARY==============================**

**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, et c . )

|  |  |  |
| --- | --- | --- |
| \_ |  | \_ |
| 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)

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# 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:**
   1. 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.
   2. 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)

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## APPENDIX 1

**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-ln-Training Land Surveyor

Land Surveyor-ln-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 & 00) Osteopath Respiratory

Therapist

**State Board of Nursing Homes Administrators** 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

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**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

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