

3. Local Business Contact Persons:

a. Full Name: _____ Phone _____

b. Full Name: _____ Phone _____

4. Sole Owner/President/CEO/Member of LLC/Partner:

a. Full Name: _____

b. Mailing Address: _____
Address

City State Zip Code Phone

5. For Partnership:

a. Date the partnership was formed: _____

b. List Partners: (attach additional sheet if needed)

1. Name: _____

Percent of Ownership: _____

Home Address: _____
Address

City State Zip Code Phone

2. Name: _____

Percent of Ownership: _____

Home Address: _____
Address

City State Zip Code Phone

6. For Corporation:

a. Corporation Name: _____

b. Date of Incorporation: _____

c. List of officer names and positions as filed with the Georgia Secretary of State:

1. _____

2. _____

3. _____

4. _____

7. For Limited Liability Company (LLC):

a. Name of LLC: _____

b. Date of Organization: _____

c. List of Members:

1. _____

2. _____

3. _____

4. _____

8. **Federal Tax ID Number** _____ (Corporation, Partnership, LLC)

Social Security Number _____ (Sole Owner/Officer/Partner/Sole Member)

9. **Georgia Sales and Use Tax Number** _____

10. **NAICS:** _____ (Lookup NAICS at www.lawrencevillega.org)

11. **Describe line of work:** _____

12. **Number of employees at this location:** _____ **Number of professionals:** _____

I certify the above information is true and correct and contains no false or fraudulent information. In addition, I understand my business location must conform to all City of Lawrenceville ordinances, rules, and regulations. Furthermore, I understand non-compliance with any City of Lawrenceville ordinance, rule, or regulation will result in non-renewal of the Business/Occupation Certificate for this business.

Signature: _____
Sole Owner/President/CEO/Managing Member/Majority Partner

Date: _____



CITY OF LAWRENCEVILLE

Occupation Tax and SAVE Public Benefits Affidavit - O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for the City of Lawrenceville, Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating 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)(1), with this affidavit. **MUST BE PROVIDED BY EVERYONE.**

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

By executing this affidavit under oath, as an applicant for the City of Lawrenceville, Occupation Tax Certificate, I am stating the following with respect to my application:

- 1) _____ There have been no changes to the name, address, owners or managers of the business.
- 2) The business has _____ number of employees and _____ number of professionals.

Name of Business: _____

Business License Number: _____

In making the above representations 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 THE
___ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:



E-Verify and Private Employers

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate, alcohol license or other document required to
operate a business] as referenced in O.C.G.A. § 36-60-6(d), from The City of Lawrenceville
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 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 (10) 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 ten (10) or fewer 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 and date of authorization are as listed below:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

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 allowed by such statute.

Executed on the ___ date of _____, 20___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 20___.

NOTARY PUBLIC

My Commission Expires:

CHECKLIST FOR ATTACHMENTS

- Copy of driver's license (front and back)
- Original notarized U.S. Citizen/Qualified Alien (SAVE) Affidavit with a front and back copy of one secure and verifiable document for identification. You can find a list of acceptable documents by going to www.law.ga.gov and searching for "secure and verifiable document." (See Note Below)
- Original notarized E-Verify private employer
- Copy of state license if your profession/occupation is regulated by any state licensing board
- Proof that business is registered with the state of Georgia, if incorporated
 - Go to the Georgia Secretary of State website
 - Click on "Search for a Corporation"
 - Click on link in middle of page <http://soskb.state.ga.us>
 - Enter name of company and search
 - Print form showing that you are in active compliance with state registration requirements

Note: According to Georgia law, copies of the required secure and verifiable document can be accepted by mail, delivered in person, faxed to 770-963-9239 Attn: Faye, or emailed to faye.williams@lawrencevillegaweb.org.