

COMMERCIAL BUSINESS LICENSE CHECKLIST:

THE CITY OF LAWRENCEVILLE BUSINESS LICENSE DEPARTMENT HAS UP TO 48 HOURS TO APPROVE YOUR APPLICATION. AFTER THE APPLICATION HAS BEEN REVIEWED, OUR OFFICE WILL NOTIFY YOU OF THE APPROVAL OR ANY PROBLEMS. IF APPROVED YOU MAY THEN SUBMIT THE APPROPRIATE FEES AND RECEIVE YOUR LICENSE.

- 1) _____ ATTACH A COPY OF VALID IDENTIFICATION
- 2) _____ ATTACH A COPY OF CURRENT STATE REGISTRATION (LLC, INC, ETC.)
- 3) _____ ATTACH A COPY OF CURRENT STATE LICENSE (IF APPLICABLE)
- 4) _____ PROOF OF OWNERSHIP: SIGNED LEASE, WARRANTY DEED, BILL OF SALE OR STATEMENT IN WRITING WITH NOTARIZED SIGNATURE FROM THE BUSINESS OWNER YOU ARE SUBLEASING FROM
- 5) _____ GWINNETT COUNTY FIRE MARSHAL CERTIFICATE
- 6) _____ GWINNETT COUNTY SEWER DEPARTMENT CERTIFICATE I.E. GREASE TRAP (IF APPLICABLE)
- 7) _____ GWINNETT COUNTY ENVIRONMENTAL HEALTH DEPARTMENT CERTIFICATE (IF APPLICABLE)
- 8) _____ GEORGIA DEPARTMENT OF AGRICULTURE CERTIFICATE (IF APPLICABLE)

OFFICE USE ONLY:

_____ VERIFY APPLICATION IS COMPLETE

_____ VERIFY BUSINESS LOCATION

_____ VERIFY PROPER ZONING

_____ VERIFY SAVE IF APPLICABLE

_____ CHECK FOR PAST DUE FEES

RECEIVED _____ APPROVED _____ DENIED _____

COMMENTS: _____

ACCOUNT # _____ DATE _____ FEE _____

IMPORTANT PHONE NUMBERS/WEBSITES

STATE

GEORGIA DEPARTMENT OF AGRICULTURE 770-535-5955 OR WWW.AGR.GEORGIA.GOV

FEDERAL TAX INFORMATION AND ID NUMBERS 1-800-829-3676 OR WWW.IRS.GOV

ALCOHOL/TOBACCO TAX INFORMATION 877-423-6711 OR WWW.ETAX.DOR.GA.GOV

STATE USED CAR LICENSE AND COSMETOLOGY LICENSE 478-207-2440 OR WWW.SOS.GEORGIA.GOV

DAYCARE LICENSE INFORMATION 404-657-5562 OR WWW.DAYCARE.COM

BETTER BUSINESS BUREAU 404-766-0875 OR WWW.BBB.ORG

SMALL BUSINESS DEVELOPMENT CENTER 678-985-6820 OR WWW.GEORGIASBDC.ORG

COUNTY

BUSINESS NAME REGISTRATION 770-822-8196 OR WWW.GWINNETTCOURTS.COM

ENVIRONMENTAL HEALTH 770-963-5132 OR WWW.GWINNETTCOUNTY.COM

FIRE MARSHAL 678-518-4800 OR ONE JUSTICE SQUARE 446 W. CROGAN ST. LAWRENCEVILLE,GA 30046

GWINNETT COUNTY SEWER 678-376-6700 OR WWW.GWINNETTCOUNTY.COM

GWINNETT CHAMBER OF COMMERCE 770-232-3000 OR WWW.GWINNETTCHAMBER.ORG

GWINNETT CLEAN AND BEAUTIFUL 770-822-5187 OR WWW.GWINNETTCB.ORG

BUSINESS LICENSE INFORMATION

RENEWAL INFORMATION

(SECTION 32-111)

ALL LICENSES EXPIRE DECEMBER 31ST OF EVERY YEAR.

RENEWALS WILL BE MAILED OUT ON NOVEMBER 1ST.

FAILURE TO RECEIVE YOUR RENEWAL DOES NOT EXEMPT YOU FROM MAKING PAYMENTS BY THE DUE DATE. IT IS YOUR RESPONSIBILITY AS THE BUSINESS OWNER.

ANY PAYMENTS RECEIVED AFTER DECEMBER 31ST WILL ACCRUE A LATE FEE OF \$25.00.

AFTER JANUARY 31ST THE LICENSE IS SUBJECT TO TERMINATION.

COMMERCIAL BUSINESSES

OBTAIN A CERTIFICATE OF OCCUPANCY FROM THE GWINNETT COUNTY FIRE MARSHAL'S OFFICE (NOT REQUIRED FOR HOME BUSINESS APPLICANTS.)

RESTAURANTS

FOOD SERVICE ESTABLISHMENTS WILL NEED TO PROVIDE COPIES OF THE ENVIRONMENTAL HEALTH, FIRE MARSHAL, AND GWINNETT COUNTY SEWER CERTIFICATES BEFORE A LICENSE CAN BE ISSUED. THIS ALSO APPLIES WHEN THERE IS A CHANGE OF OWNERSHIP.

GROCERY AND CONVENIENCE STORES

FOOD SERVICE ESTABLISHMENTS WILL NEED TO PROVIDE A COPY OF THE INSPECTION RESULTS AND APPROVAL FROM THE GEORGIA DEPARTMENT OF AGRICULTURE. THIS ALSO APPLIES WHEN THERE IS A CHANGE OF OWNERSHIP.

IT IS THE RESPONSIBILITY OF ALL BUSINESS OWNERS TO KNOW AND COMPLY WITH ANY REGULATIONS, LOCAL OR OTHERWISE, WHICH PERTAIN TO THEIR PARTICULAR BUSINESS.

I HAVE READ AND UNDERSTAND THE INFORMATION STATED ABOVE

SIGNATURE

DATE

New Commercial Application Business/Occupational Tax

CITY OF LAWRENCEVILLE

Planning and Zoning Department
70 S Clayton St
Lawrenceville, GA 30046
Ph: 678-407-6583 Fax: 678-407-6699



Please print and fill out application completely in ink.
Unsigned or incomplete applications can not be processed.

BUSINESS INFORMATION

TRADE NAME OF BUSINESS	PHYSICAL STREET ADDRESS OF BUSINESS	
BUSINESS NAME (DBA)	CITY, STATE, ZIP	
BUSINESS PHONE NUMBER	MAILING ADDRESS OF BUSINESS	
BUSINESS FAX NUMBER	CITY, STATE, ZIP	
BUSINESS WEBSITE	BUSINESS EMAIL	
FEDERAL TAX ID NUMBER	GEORGIA SALES & USE TAX NUMBER	STATE LICENSE NUMBER
BEGIN DATE IN LAWRENCEVILLE	NUMBER OF EMPLOYEES	NUMBER OF PROFESSIONALS

TYPE OF OWNERSHIP

Corporation
 Partnership
 General Partnership
 Sole Proprietorship
 Proprietorship
 Limited Liability Corporation
 Other _____

If Corporation, give State and Date _____

Are you the first business in this location? Yes No If no, who was the last tenant? _____

Who is the property landlord? _____
NAME PHONE NUMBER

Describe the business activity and list your NAICS code if known (Please be very specific as to what you will be doing): _____
NAICS CODE

BUSINESS OWNER INFORMATION

OWNERS NAME	OWNERS ADDRESS
HOME PHONE	CITY, STATE, ZIP
CELL PHONE	EMAIL
DRIVERS LICENSE NUMBER AND EXPIRATION	SOCIAL SECURITY NUMBER

Note: Corporations and partnerships must provide the names of all officers or partners, their titles, and mailing addresses on a separate sheet of paper. Some regulated businesses are also required by Lawrenceville Code to complete a Registered Agent form.

PERSON COMPLETING APPLICATION IF NOT THE OWNER

NAME	TITLE
ADDRESS	PHONE NUMBER
CITY, STATE, ZIP	DRIVERS LICENSE NUMBER AND EXPIRATION

CERTIFICATION

I hereby 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 the business/occupation license is issued. Furthermore, I acknowledge that I have read and understand the rules and regulations for the operation of my business in the City of Lawrenceville. I understand that it is my responsibility to renew per calendar year to avoid penalties.

SIGNATURE	DATE
PRINT NAME	TITLE

CITY OF LAWRENCEVILLE
PLANNING AND ZONING DEPARTMENT
70 S CLAYTON ST.
LAWRENCEVILLE, GA 30046
PH: 678-407-6583 FAX:678-407-6699

**REGISTERED AGENT
INFORMATION FORM**

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Code of Ordinances of the City of Lawrenceville, Georgia. I understand the basic purpose is to have and continuously maintain a Registered Agent upon, which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served. I understand that the Registered Agent must be a local resident.

BUSINESS NAME: _____

LOCATION ADDRESS: _____

NAME OF AGENT: _____

AGENTS HOME ADDRESS: _____

AGENTS PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____

APPROVED BY:

OWNER/DIRECTOR TITLE

AGENT SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME

SUBSCRIBED AND SWORN TO BEFORE ME

THIS ___ DAY OF _____, 20__.

THIS ___ DAY OF _____, 20__.

NOTARY PUBLIC

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

MY COMMISSION EXPIRES: _____



CITY OF LAWRENCEVILLE

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, Georgia Business License or 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:

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 THE
___ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:

EXHIBIT K

SECURE AND VERIFIABLE DOCUMENTS

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



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:

Lawrenceville Police Department

Emergency Contact Update



Business Name: _____
Physical Address: _____ Suite: _____
Phone Number: _____ Fax: _____
Owner's Name: _____
Intersection or Cross Street: _____
Business Type (Check One) Retail Wholesale Warehouse
 Manufacturer Other (Please Specify) _____

Is the building equipped with an alarm system? Yes No
Alarm company?: _____ Phone #: _____

Emergency Contact List (please list in order you wish to be called and print legibly):

1. Name: _____
Phone #1: _____ Phone #2: _____
2. Name: _____
Phone #1: _____ Phone #2: _____
3. Name: _____
Phone #1: _____ Phone #2: _____
4. Name: _____
Phone #1: _____ Phone #2: _____

If you have any questions, please contact the Police Communications Center at 770-963-2443.

Please return this form to:

Lawrenceville Police Dept.
P.O. Box 2200
Lawrenceville, GA 30046
Attn: Communications Supv

Or fax to:
770-339-2415

OFFICIAL USE BELOW

Updated: _____ Operator: _____