

COMMERCIAL BUSINESS LICENSE CHECKLIST:

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 copy of current State Registration (if applicable)
- 3) _____ Attach copy of current State License (if applicable)
- 4) _____ Copy of signed lease or
- 5) _____ Proof of ownership (Warranty Deed, Bill of Sale) OR
- 6) _____ Statement in writing with a notarized signature from the business owner you are sub-leasing from
- 7) _____ Gwinnett County Fire Marshall
- 8) _____ Gwinnett County Sewer Department (if applicable)
- 9) _____ Gwinnett County Environmental Health Department (if applicable)

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OFFICE USE ONLY:

- _____ Verify that application is complete
- _____ Verify business location
- _____ Verify proper zoning
- _____ Verification through the SAVE program if applicable
- _____ Check old business license database for any past due fees

Received _____ Approved _____ Denied _____

Comments _____

Account # _____ Date _____ Fee _____

IMPORTANT PHONE NUMBERS

STATE

State of Georgia - 404-656-2000

State of GA. Agriculture - 1-800-786-0175

Alcohol/Tobacco Tax Information 404-656-4262

Georgia Tax Information- 404-417-6601 or www.gatax.org

Federal Tax Information and ID numbers- 1-800-829-3676 or
www.irs.gov

State Used Car License - 478-207-1460

Better Business Bureau - 404-688-4910

Small Business Development Center - 770-806-2124

Cosmetology - 478-207-1430

Daycare - 404-657-5562

COUNTY

Business Name Registration - 770-822-8196

Pawn License - 678-377-4305

Gwinnett Chamber of Commerce - 770-232-3000

Environmental Health
770-963-5132

Fire Marshall
678-518-6129

Gw Co Sewer
678-518-6150

Gwinnett Clean and Beautiful - 770-822-5187

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 A LATE FEE OF \$25 WILL BE ADDED.

AFTER JANUARY 31ST THE LICENSE IS SUBJECT TO TERMINATION

Commercial Businesses

Obtain a Certificate of Occupancy for the Gwinnett County Fire Marshal's Office (not required for Home Business Applicants).

Restaurants

Food service establishments will need Environmental Health, Fire Marshall and Gwinnett County Sewer (grease traps) approval before license can be submitted. 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 obtained from the Georgia Department of Agriculture. This also applies when there is a change of ownership.

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

**REGISTERED AGENT
INFORMATION FORM**

CITY OF LAWRENCEVILLE

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



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 resident of Gwinnett County.

BUSINESS NAME
LOCATION ADDRESS
SIGNATURE OF AGENT (MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC)
TYPE OR PRINT NAME OF AGENT
AGENT'S HOME ADDRESS
CITY, STATE, AND ZIP CODE
TELEPHONE NUMBER
DATE MOVED INTO THE ABOVE ADDRESS
DRIVER'S LICENSE NUMBER
DATE OF BIRTH

Approved By:

Officer or Director of Business Title

Sole Owner/Partner

Subscribed and sworn to before me

This _____ day of _____, 20__.

Notary Public

My commission expires: _____

EXHIBIT J

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)]

Private Employer Affidavit

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). The CITY OF LAWRENCEVILLE will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate, 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 – individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:

On January 1, 2012 – the individual, firm, or corporation employs the following number of employees: (Select A, B, C or D)

- (A) _____ **500 or more employees - must comply on or after January 1, 2012.**
You must provide the following information in order to receive a 2012 occupational tax certificate.

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

- (B) _____ **100-499 employees - must comply on or after July 1, 2012.**
You may provide the Federal Work Authorization number or claim exemption up until July 1, 2012.
This document must be completed, notarized and returned even if organization/company is exempt.

Check HERE _____ if claiming exempt, OR complete the following:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

- (C) _____ **11-99 employees - must comply on or after July 1, 2013.**
You may provide the Federal Work Authorization number or claim exemption up until July 1, 2013.
This document must be completed, notarized and returned even if organization/company is exempt.

Check HERE _____ if claiming exempt, OR complete the following:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

- (D) _____ **10 or fewer employees – automatically exempt from participation in E-Verify program.**

Furthermore, I, as the applicant, affirmatively state that 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. § 13-10-90.

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

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

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC
My Commission Expires: _____



Lawrenceville Police Department

Crime Prevention Unit

P. O. Box 2200

**300 Jackson Street
Lawrenceville, GA. 30046
Phone: 770-963-2443
Fax: 770-339-2415**

Business Name (As Displayed on Business): _____

Business Owner: _____

Business Address: _____

Business Suite / Apt. / Bldg: _____

Closest Intersection or Cross Street: _____

Adjacent Business: _____

Business Phone # _____

Business Fax: _____

Hazards: _____

Alarm Company Name: _____

Alarm Company Phone #: (____) _____

#1 Contact Person: _____
Phone # (____) _____
2nd Phone # (____) _____ 3rd Phone # (____) _____

#2 Contact Person: _____
Phone # (____) _____
2nd Phone # (____) _____ 3rd Phone # (____) _____

#3 Contact Person: _____
Phone # (____) _____
2nd Phone # (____) _____ 3rd Phone # (____) _____

#4 Contact Person: _____
Phone # (____) _____
2nd Phone # (____) _____ 3rd Phone # (____) _____

Information provided
by: _____
(Signature / Title)

CONFIDENTIAL and for OFFICIAL USE ONLY

INTERNAL USE - LAST UPDATED: _____

OPERATOR: _____

ID NUMBER: _____