

PLEASE PRINT

CITY OF LAWRENCEVILLE
PO BOX 2200 70 S CLAYTON ST
LAWRENCEVILLE, GA 30046 LAWRENCEVILLE, GA 30045
PHONE: 678-407-6583 FAX: 678-407-6699

TAXICAB OCCUPATIONAL TAX APPLICATION
\$50.00 Nonrefundable Application Fee

BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS OF THE BUSINESS:
STREET: \_\_\_\_\_

MAILING ADDRESS OF BUSINESS (IF DIFFERENT):
STREET: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_
OFFICE NUMBER ONLY - NO CELL PHONE NUMBERS

FEIN or SSN NUMBER: \_\_\_\_\_

OWNER INFORMATION:

Check one: (Provide proof)

NAME: \_\_\_\_\_
Home Address:
STREET \_\_\_\_\_

Citizen \_\_\_\_\_
Alien permitted for permanent residence \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REGISTERED AGENT:

NAME: \_\_\_\_\_
Home Address:
STREET \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_
PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACTS:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_
(Including Yourself, Office Personnel and Drivers)

PAYMENT IS DUE AT TIME OF SUBMITTAL

I CERTIFY THE ABOVE INFORMATION IS TRUE & CORRECT & CONTAINS NO FALSE OR
FRAUDULANT INFORMATION.
I UNDERSTAND MY BUSINESS LOCATION MUST CONFORM TO ALL ZONING RULES &
REGULATIONS.
I ALSO UNDERSTAND THAT A PERMIT IS REQUIRED FOR ALL NEW/REMODEL CONSTRUCTION
OR CHANGE OF USE FOR THE BUSINESS LOCATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY

FOR OFFICE USE ONLY:
ACCOUNT \_\_\_\_\_ CODE \_\_\_\_\_
C/O \_\_\_\_\_ ZONING \_\_\_\_\_

NONREFUNDABLE FEE:
CASH \_\_\_\_\_
M.O. \_\_\_\_\_
CHECK #: \_\_\_\_\_

BUSINESS LICENSE FEE:
CHECK: \_\_\_\_\_
M.O.: \_\_\_\_\_

## BUSINESS LICENSE INFORMATION

### Renewal Information

(SECTION 32-111)

ALL LICENSES EXPIRE DECEMBER 31<sup>ST</sup> OF EVERY YEAR.

RENEWALS WILL BE MAILED OUT ON NOVEMBER 1ST

ANY PAYMENTS RECEIVED AFTER DECEMBER 31<sup>ST</sup> A LATE FEE OF \$25 WILL BE ADDED.

AFTER JANUARY 31<sup>ST</sup> THE LICENSE WILL BE TERMINATED

### Fee Schedule

1-2 EMPLOYEES \$25

3-9 ADDITIONAL \$5 EACH ADDITIONAL EMPLOYEE

10-99 ADDITIONAL \$4 EACH ADDITIONAL EMPLOYEE

If your business is in a **new** commercial building there has to be a Certificate of Occupancy for the building/suite from the City of Lawrenceville issued before an application for a business license can be submitted.

If you are making **any** changes to the inside of the building besides carpet and paint such as Electric, Plumbing, HVAC, Gas, Structural, you will need to get a building permit and a certificate of occupancy before a business license can be submitted.

**I HAVE READ AND UNDERSTAND THE INFORMATION STATED ABOVE.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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](http://www.gatax.org)

Federal Tax Information and ID numbers- 1-800-829-3676 or  
[www.irs.gov](http://www.irs.gov)

State Used Car License - 478-207-1460

Better Business Bureau - 404-688-4910

Small Business Development Center - 770-806-2124

Gwinnett Clean and Beautiful - 770-822-5187

GBI - 404-244-2639

Cosmetology - 478-207-1430

Daycare - 404-657-5562

COUNTY

Business Name Registration

Gwinnett County Justice and Administration  
75 Langley Dr.  
Lawrenceville 770-822-8196

Pawn License

Gwinnett County Annex Building  
750 Perry St, Lawrenceville  
678-377-4305

Gwinnett Chamber of Commerce - 770-232-3000

Environmental Health

240 Oak St.  
Lawrenceville  
770-963-5132  
770-963-5133  
Fire Marshall  
One Justice Square  
446 W Crogan ST Ste 100  
Lawrenceville  
678-518-6100

RV11/05

**CITY OF LAWRENCEVILLE  
TAXI REQUIREMENTS CHECKLIST**

**This information is *required* to process the application**

- First and Last name of each driver
- Drivers License number of each driver
- Description of each vehicle (Year, Make, Model, Color & Tag Number)
- Vehicle Identification Number (VIN) for each vehicle
- Certificate of Liability insurance (see ordinance)
- Completed background check form
- Cash, Check or Money Order for \$50 non-refundable application fee
- Check or Money Order for the Business License fee based on number of employees
- Copy of rate schedule
- Copy of lease or proof of ownership

**CITY OF LAWRENCEVILLE  
TAXI REQUIREMENTS**

This information is *required* to process the application

**DRIVER INFORMATION**

Driver #1	_____ Drivers License Number	_____ DOB	Employee or Contract Driver <b>(Circle One)</b>
Driver #2	_____ Drivers License Number	_____ DOB	Employee or Contract Driver <b>(Circle One)</b>
Driver #3	_____ Drivers License Number	_____ DOB	Employee or Contract Driver <b>(Circle One)</b>
Driver #4	_____ Drivers License Number	_____ DOB	Employee or Contract Driver <b>(Circle One)</b>
Driver #5	_____ Drivers License Number	_____ DOB	Employee or Contract Driver <b>(Circle One)</b>

(if you need additional writing space use the back of this page)

**CITY OF LAWRENCEVILLE**  
**TAXI REQUIREMENTS**  
 This information is *required* to process the application

**VEHICLE INFORMATION**

Car #	Year	Make	Model	Color	VIN#	Tag #
Car #	Year	Make	Model	Color	VIN#	Tag #
Car #	Year	Make	Model	Color	VIN#	Tag #
Car #	Year	Make	Model	Color	VIN#	Tag #
Car #	Year	Make	Model	Color	VIN#	Tag #

(if you need additional writing space use the back of this page)



# Lawrenceville Police Department

## Crime Prevention Unit

P. O. Box 2200  
20 S. Clayton Street  
Lawrenceville, GA. 30045  
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 #: ( ) \_\_\_\_\_

2<sup>nd</sup> Phone #: ( ) \_\_\_\_\_ 3<sup>rd</sup> Phone #: ( ) \_\_\_\_\_

#3 Contact Person: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

2<sup>nd</sup> Phone #: ( ) \_\_\_\_\_ 3<sup>rd</sup> Phone #: ( ) \_\_\_\_\_

#4 Contact Person: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

2<sup>nd</sup> Phone #: ( ) \_\_\_\_\_ 3<sup>rd</sup> Phone #: ( ) \_\_\_\_\_

Information provided by: \_\_\_\_\_

(Signature / Title)

**CONFIDENTIAL and for OFFICIAL USE ONLY**

INTERNAL USE – LAST UPDATED: \_\_\_\_\_ OPERATOR: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

**PLEASE READ THE NEXT 3 PAGES VERY CAREFULLY.**

Only one (1) of the two (2) affidavits will apply to you.

**AFFIDAVIT A OR AFFIDAVIT B**

Make sure you have your signature notarized before submitting to the business license department for we cannot notarize our own forms.

Thank You  
Business License Department

**AFFIDAVIT FOR UNITED STATES CITIZENS AND LEGAL PERMANENT RESIDENTS**

***Instructions: As required by Official Code of Georgia § 50-36-1(d)(1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a United States Citizen or legal permanent resident is required to execute this Affidavit under oath before a notary public.***

**AFFIDAVIT "A"**

I, \_\_\_\_\_, first being duly sworn do swear  
(name)

or affirm under penalty of perjury that I am a United States citizen or legal permanent resident 18 years of age or older. Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this Affidavit shall be guilty of a violation of Official Code of Georgia § 16-10-20.

Sworn to and subscribed

\_\_\_\_\_  
Signature

Before me this \_\_\_\_ day

Of \_\_\_\_\_, 20\_\_:

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
Seal

**AFFIDAVIT FOR QUALIFIED ALIENS OR NONIMMIGRANTS LAWFULLY  
PRESENT IN THE UNITED STATES**

***Instructions:*** As required by Official Code of Georgia § 50-36-1(d)(1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a qualified alien or nonimmigrant lawfully present in the United States is required to execute this attached Affidavit under oath before a notary public.

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

In most cases, verification can be made quickly; however, in some cases, verification may take several days or weeks. If you qualify in all other respects for an Occupation Tax Certificate, it will be issued once verification is complete. All Gwinnett County Occupation Tax Certificates expire on March 31 of the following year or the date on which your legal presence document expires, whichever is sooner.

**AFFIDAVIT "B"**

I, \_\_\_\_\_, first being duly sworn do swear  
(name)

or affirm under penalty of perjury that I am a qualified alien or nonimmigrant 18 years of age or older. Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this Affidavit shall be guilty of a violation of Official Code of Georgia § 16-10-20.

Sworn to and subscribed

\_\_\_\_\_  
Signature

Before me this \_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_:

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

Seal