

BUSINESS LICENSE APPLICATION

CALENDAR YEAR 2022

Augusta, Georgia Planning & Development

1803 Marvin Griffin Road Augusta, GA 30906

535 Telfair Street Suite 300 Augusta, GA 30901

Office: (706) 312-5050

Fax: (706) 312-4277

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Circle One: New / Amended

****Report Changes in Location / Mailing Address Promptly****

COMPLETE ALL FIELDS

****Please Print in Ink****

Date Started New Business: _____ Estimated Yearly Gross Revenue ⁽¹⁾: \$ _____

Business Name: _____

Mailing Address: _____
(Complete Mailing Address – City, State, Zip Code)

Physical Location: _____
(Complete Street Address – NO PO BOX – City, State, Zip Code)

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____ **Circle** a contact method: Mailing Address Phone Text Message Email Fax

Description of Business: _____

Owner's Name and Address: _____
Is Owner a Disabled Veteran ___ Yes ___ No ___ % _____

Last 4 SSN (Required): _____ Primary Contact Number: _____

Officer's Name and Address: _____

Last 4 SSN (Required): _____ Officer's Position / Title: _____ Phone Number: _____

Emergency Contact Name: _____ Primary Phone Number: _____

Local Contact Name: _____ Primary Phone Number: _____

Number of Decals: _____ (Transportation / Contractors / Vending) Number of Employees (Company): _____

Federal Tax ID: _____ State Tax ID: _____

In accordance with the Business Ordinance of Augusta, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this application, including the accompanying schedules and statements and that the same are true, correct, and complete.

Applicant's Signature: _____ Date: _____

⁽¹⁾ Professionals and certain practitioners have the option of paying \$400 Professional Fee per practitioner in lieu of reporting gross receipts.

Check with the Business Tax Office to determine eligibility for this option. Number of Professionals: _____

Please Read and Initial each statement below:

_____ All business licenses expire December 31st each year. It is the responsibility of the business owner to renew the license before January 31st each year to avoid late fee penalties.

_____ All renewal applications are due prior to October 31st each year to avoid Failure To Submit Required Paperwork penalties.

_____ I understand the penalty fees will not be dropped for my failure to make timely reports.

FOR BUSINESS LICENSE OFFICIAL USE ONLY

Account # _____ Parcel ID: _____

Zoning: _____ NAICS Code: _____ Tax Class: _____ Entered By: _____

Systematic Alien Verification for Entitlements (SAVE) Affidavit

Affidavit Verifying Status for Augusta, Georgia
Public benefit Application with License and Inspection Division
Pursuant to O.C.G.A. §50-36-1 (e) (2)

By executing this affidavit under oath, as an applicant for: (check all that apply) ←

- Augusta, Georgia Business License or Georgia Occupational Tax Certificate
- Alcohol License
- Taxi Permit
- Other public benefit, including _____ as referenced in O.C.G.A. §50-36-1

→ From Augusta, Georgia, the undersigned applicant verifies one of 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 is 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.

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 the O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

→ Executed in _____ (city), _____ (state).

→ **Business Name** _____

Business License Number _____
(Business License Office Use)

> _____
Signature of Applicant

> _____
Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires: _____

Business Name: _____

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

→ **Section 1. Please check only one:**

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

***** If you select Section 1(A), please fill out Section 2 and then execute below.**

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***** If you select Section 1(B), please skip Section 2 and execute below.**

Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

→ I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, 20____ in _____ (city), _____ (state).

> _____
Signature of Authorized Officer or Agent

> _____
Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC
My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.