

CITY OF ELLAVILLE BUSINESS LICENSE APPLICATION

55 S Wilson St
Ellaville, GA 31806
PH- 229-937-2207

P. O. Box 839
Ellaville, GA 31806
FAX- 229-937-5569

Business Name _____ Phone () _____

Business Address _____
Number & Street Name _____ City _____ State _____ Zip _____

Mailing Address _____
If different from above address

E-Mail Address _____

Total number of people working in business full time, or part-time equaling full time _____

Beginning Date of business at above address _____ State License # _____
Expiration Date _____

Federal Employer ID # (FEI #) _____ GA. Sales Tax # _____

Business Type (be very specific as to what you will be doing): NAICS CODE _____

OWNER INFO

Name of Owner **OR** Officer of Corp. & title _____ Home Address _____ City _____ State _____ Zip _____

Home phone# _____ Cell # _____

Additional partner name if Applicable _____ Home Address _____ City _____ State _____ Zip _____

Home phone# _____ Cell # _____

TYPE OF OWNERSHIP Sole Proprietor, Partnership, Corporation LLC

If Corporation or LLC, what is the exact, complete name as it is registered with the Georgia Secretary of State's Office:

Corporate Address _____ City _____ State _____ Zip _____

Along with this application, please bring a photo ID on all owners and/or president of the corporation, Green Card (if applicable), AND any other required documentation. These items MUST be submitted before any license can be issued.

(COMPLETE AFFIDAVIT ON THE NEXT PAGE)

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Affidavit Verifying Legal Status Of Applicant for Ellaville Business License

By executing this affidavit under oath, as an applicant for a Ellaville, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Ellaville, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

_____ (Business Name)

And

_____ (Business Owner)

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

My Country of Citizenship is: _____

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant Date Printed Name

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

Notary Public

My Commission Expires:

FOR OFFICE USE ONLY

Alien Registration number and date of expiration Attach a copy of driver's license and/or alien registration card

***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.