

# City of Guyton, Georgia

Established 1887

*Working Together to Make a Difference*

August 2015

## **New Business Application Packet**

1. Complete the entire Business License Application Packet (the application, the police department contact form and the affidavit).
2. Return all pages of the completed Business License Application Packet (Note: We will be happy to notarize the affidavit form at no cost as long as you provide photo identification and sign the document in the presence of a notary at City Hall.)
3. Your application will be forwarded to the City Clerk for review. The City Clerk will make the determination if your application will or will not need to go before the City Council for approval.
4. You will be notified if you need to be present when your application is presented before City Council, if applicable.
5. If you are notified that you will have to be present to meet with City Council for approval, you will be given a date and time. Please make every effort to appear at the specified meeting in order to answer any questions the Council may have while considering your request.
6. If you have any questions, please contact Guyton City Clerk, Lauree Morris, at 912.772.3353 or [lauree.morris@cityofguyton.com](mailto:lauree.morris@cityofguyton.com).

PLEASE NOTE: Your business is subject to an inspection by the Guyton Volunteer Fire Department. You will be charged a fire rating on your tax bill per business license.

310 Central Avenue, PO Box 99, Guyton, Georgia 31312  
912.772.3353 [www.cityofguyton.com](http://www.cityofguyton.com)

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## **Business License Application**

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address/Location of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Personal Phone Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Number of Employees (including applicant): \_\_\_\_\_

Content of business inventory: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

After Hours/Emergency Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Will you have an alarm system?  yes  no

\_\_\_\_\_  
Signature of Business Applicant

\_\_\_\_\_  
Date

**\*\* GUYTON CITY HALL OFFICE USE ONLY \*\***

Application Approved by: \_\_\_\_\_ Approved Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ ( ) check ( ) cash ( ) money order

Business License Number: \_\_\_\_\_

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## **Business License Applicant Guyton Police Department Contact Form**

### Emergency Contact Numbers

Name of Business: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Do you have an Alarm System?  Yes  No

Name of Alarm Company: \_\_\_\_\_

Name/Phone Number of First Contact Person: \_\_\_\_\_

Name/Phone Number of Second Contact Person: \_\_\_\_\_

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PLEASE PRINT AND FILL OUT COMPLETELY

## **"SAVE" Affidavit Verifying Status for City Public Benefit Application**

By executing this affidavit under oath, as an applicant for a City of Guyton, Georgia Business License or Occupation Tax Certificate, Beer and Wine License, or other public benefit as referred to in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Guyton Business License, Occupation Tax Certificate, Beer and Wine License, or other public benefit:

\_\_\_\_\_  
[print name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

1) \_\_\_\_\_ I am a United States citizens

- OR -

2) \_\_\_\_\_ I am a legal permanent resident age eighteen (18) or older or 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: \_\_\_\_\_.

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 Annotated.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant

Sworn to & subscribed before me  
this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

\*Note: O.C.G.A. Section 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 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: \_\_\_\_\_.

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## Private Employer E-Verify Affidavit

**\*\* This form is required by State law \*\***

By executing this affidavit under oath, as an applicant for \_\_\_\_\_  
(business license, occupational tax certificate, or other document required to operate a  
business), as referred in O.C.G.A. Section 36-60-6, from the City of Guyton, 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:

The individual, firm or corporation employs the following number of employees (select a or b  
below):

- (a) \_\_\_\_\_ 11 or more employees (you must provide the following information in  
order to receive an occupational tax certificate)

\_\_\_\_\_  
Federal Work Authorization User Identification  
Number

\_\_\_\_\_  
Date of Authorization

- (b) \_\_\_\_\_ 10 or fewer employees (automatically except 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. Section 36-60-6.

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. Section 16-10-20, and face criminal penalties by such  
statute. Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city),  
\_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer/Agent

Subscribed and sworn before me on  
this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Printed Name/Title of Authorized Agent

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_