



CITY OF BRUNSWICK

601 Gloucester Street
P.O. Box 550
Brunswick, Georgia 31520-0550
912-279-2656

PLANNING, DEVELOPMENT, & CODES DEPARTMENT | BUILDING DIVISION

APPLICATION FOR OCCUPATION LICENSE

NAME OF BUSINESS _____

OWNER'S NAME _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

FEDERAL ID# OR SSN # _____

E VERIFY# _____

TYPE OF BUSINESS _____

NUMBER OF EMPLOYEES
(INCLUDING OWNERS) _____

IF YOU ARE REQUIRED TO HAVE STATE CERTIFICATION, A COPY OF THAT CERTIFICATION MUST BE SUBMITTED WITH THIS FORM

NUMBER OF EMPLOYEES	TAX	ADMINFEE	TOTAL DUE
1-4	60.00	45.00	105.00
5-6	90.00	45.00	135.00
10-19	115.00	45.00	160.00
20-49	175.00	45.00	220.00
50-99	230.00	45.00	275.00
100-249	290.00	45.00	335.00
250+	575.00	45.00	620.00

PERSONALLY APPEARED BEFORE ME _____, WHO FIRST BEING DULY SWORN, STATES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC

APPLICANT



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax License as referenced in O.C.G.A. § 50-36-1, from the City of Brunswick, the undersigned applicant verifies one of the following with respect to any 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.

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 Brunswick, Georgia.

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission
Expires:_____

E-VERIFY AFFIDAVIT

IF YOU HAVE *LESS* THAN 10 EMPLOYEES, COMPLTE THIS AFFIDAVID.

IF YOU HAVE *MORE* THAT 10 EMPLOYEES, ENTER YOUR E-VERIFY NUMBER ON THE REGISTRATION FORM.

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

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

Printed Name of Exempt Private Employer (Business Name)

Signature of Exempt Private Employer, Authorized Officer, or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON HIS THE _____DAY OF _____, 20_____.

NOTARY PUBLIC
My Commission Expires:_____

*This affidavit is for submissions made on or after July 1, 2013.