



***Haralson County***  
***Board of Commissioners***  
H. Allen Poole  
*Chairman/C.E.O.*

**PUBLIC PARTICIPATION REQUEST**

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

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

Meeting Date: \_\_\_\_\_

Topic: \_\_\_\_\_

**Request must be received in the Commissioner's Office no later than 5:00 PM on the Friday prior to the requested meeting date. Requests may be called in or faxed to the County Clerk, Alison Palmer.**

**Haralson County Commissioner's Office**

**Phone (770) 646-2002**

**Fax (770) 646-2035**

HARALSON COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2013

Haralson BOC
155 Van Wert Street
Buchanan, GA 30113

PHONE: 770-646-2002 FAX: 770-646-2035

This Application with remittance in full must be completed and returned
with full payment on or before 4/1/2013
If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME:
ADDRESS:
ADDRESS 2:
CITY, ST., ZIP:
PHONE:
LOCATION:
BUSINESS CLASS:
BUSINESS DESC:
RESP. PERSON:
ACCOUNTANT NAME:
BONDING COMPANY:
BOND NUMBER:
OTHER LICENSE #

TAX ID NUMBER:
OWNERSHIP TYPE:
(Corp., Individual, Partnership, Etc.)

OFFICE USE ONLY:
CODE:
RESIDENT:
RENEW: FAL:

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING: (Check All Applicable)

- Business License Fee (\$150)
Pouring License (\$200)
Wine License (\$350)
Beer License (\$350)

Signature Title Date

PLEASE NOTE:

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH RENEWAL:

- DRIVER'S LICENSE COPY FROM APPLICANT
AFFIDAVIT VERIFYING STATUS KNOWN AS O.C.G.A. §50-36-1
E-VERIFY-PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE OR EXEMPTION O.C.G.A. §36-60-6

AFFIDAVIT MUST BE NOTARIZED BEFORE BEING SUBMITTED!

# Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a \_\_\_\_\_, County 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 \_\_\_\_\_ County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for \_\_\_\_\_.  
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

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.\*

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\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens

Notary Public  
My Commission Expires:

\*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 below:

\_\_\_\_\_

**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 fewer than eleven employees and therefore, 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. § 13-10-90.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes 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. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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

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

\_\_\_\_\_  
Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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