



## **New Business License Application**

Date: \_\_\_\_\_ **Please check one:**  Mail (If mailed, please add \$1.25 for postage)  Pick-up

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

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

Type of Business: Please check one:  Corporation  LLC  Partnership  Sole Proprietor

Business Address: \_\_\_\_\_ **(Cannot be Post Office Box)**

**Mailing address if different from above:** \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner/Partner Name: \_\_\_\_\_ Owner (2) Name: \_\_\_\_\_

Owner/Partner Address: \_\_\_\_\_ Owner (2) Address: \_\_\_\_\_

Owner/Partner Phone No.: \_\_\_\_\_ Owner (2) Phone No.: \_\_\_\_\_

Owner/Partner Cell No.: \_\_\_\_\_ Owner (2) Cell No.: \_\_\_\_\_

Owner email address: \_\_\_\_\_

Owner (2) email address: \_\_\_\_\_

Sales Tax ID Number: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

Description of Business: \_\_\_\_\_

**No. of Full-time Employees:** \_\_\_\_\_ **No. of Part-time Employees:** \_\_\_\_\_  
**(Owner counts as 1)**

**Approved by City Planner/Code Enforcement:** \_\_\_\_\_

**Approved by City Manager:** \_\_\_\_\_

**Approved by City Clerk:** \_\_\_\_\_

Renewal Amount Due: \$ \_\_\_\_\_

Administration Fee: \$ 5.00

If mailed, postage due: \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

**FOR OFFICE USE ONLY**

ID #: \_\_\_\_\_ Check #: \_\_\_\_\_

License #: \_\_\_\_\_ Amount: \_\_\_\_\_

NAICS #: \_\_\_\_\_

**Any person who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or the government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or imprisonment of not less than one nor more than five years, or both. O.C.G.A. § 16-10-20**

I have read and understand the above statement of the law and by signing my name below I attest that all the information contained in this **Business License Application** Form is true and correct to the best of my knowledge.

---

**Signature** **Date**

---

**Printed Name** **Title**

---

**Notary Public** **Commission Expires**

**\*Notaries are available at City Hall free of charge**

=====

See below for the cost breakdown for your 2016/2017 Flowery Branch Business License plus \$5 Administration Fee. Part Time Employee Computation:

Two (2) part-time employees equal one (1) full time employee. If you have an odd number of part-time employees, round the number down. For instance, if you have 7 part-time employees round down to 6 and divide by 2. This will equal 3 full time employees.

<b>Number of Employees</b>	<b>Rate of Tax</b>
1	\$60.00
2-2	\$120.00
3-4	\$180.00
5-7	\$300.00
8-10	\$480.00
11-15	\$649.00
16-20	\$763.00
21-27	\$895.00
28-35	\$1,023.00
36-50	\$1,221.00
51-75	\$1,498.00
76-100	\$1,738.00
101-150	\$2,145.00
151-200	\$2,498.00
201-300	\$3,101.00
301-500	\$4,140.00
501-1000	\$6,378.00
1000+	\$8,703.00

# Affidavit Verifying Status for City Public Benefits Application

By executing this affidavit under oath, as an applicant for a City of Flowery Branch, Ga. Business License, Alcoholic Beverage License, contract or other public benefit as referred in O.C.G.A. Section 50-36-1, I am Stating that the following with respect to my application for a City of Flowery Branch Business License, Alcoholic Beverage License, contract or other (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 representative under oath, I understand that any person who knowingly and willfully makes 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

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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
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 indentifying number below

\_\_\_\_\_

**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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

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

(B) \_\_\_\_\_ On January 1<sup>st</sup> 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 \_\_\_\_\_, 2016 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 \_\_\_\_\_, 2016 .

NOTARY PUBLIC

My Commission Expires:

<sup>1</sup> 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.



**Commercial Business Emergency Contacts**

The information entered on this form will be forwarded to the City of Flowerly Branch Police Department for their use in case of an emergency. Providing this information will ensure that the appropriate person will be contacted in case of an after hours emergency at your business.

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

**ALARM COMPANY INFORMATION**

ALARM COMPANY NAME: \_\_\_\_\_

ALARM COMPANY TELEPHONE #: \_\_\_\_\_

**FIRST CONTACT (Please circle one)**

Owner      Property Owner      Emergency Contact      Other: \_\_\_\_\_

Name: \_\_\_\_\_ Title or Association: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_

**SECOND CONTACT (Please circle one)**

Owner      Property Owner      Emergency Contact      Other: \_\_\_\_\_

Name: \_\_\_\_\_ Title or Association: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_