



Business License Renewal
Application (July 1, 2016 to June 30, 2017)

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

Corporation Name: _____

Business Name: _____

Type of Business: Please choose 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)

If more than 10 employees E-Verify # (required) _____

Approved by City Clerk: _____

FOR OFFICE USE ONLY	
ID Number: _____	Check No.: _____
License Number: _____	Amount: _____
Date: ____/____/____	Entered into CSI: ____/____/____

Renewal Amount Due: \$ _____

Administration Fee: \$ 5.00

If mailed, postage due: \$ _____

TOTAL DUE: \$ _____

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

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 See below for the cost breakdown for your 2016/2017 Flowery Branch Business License plus \$5 Administration Fee. **NOTE: If the renewal payment is not received by June 30, 2016 there will be a 1.5% penalty on the total amount due.**

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.

Number of Employees	Rate of Tax
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

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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

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

(B) _____ On January 1st 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:

¹ 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.



City of Flowery Branch

5517 Main Street
P O Box 757
Flowery Branch, GA 30542

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 Alcoholic Beverage License 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 United State*

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

Alien Registration number for non-citizens*

Subscribed and sworn before me this _____ day of _____,
201__.

Notary Public

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**
