HARALSON COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2014

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 4/1/2014
If no longer in business, please so indicate and return the application.

<table>
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<tr>
<th>BUSINESS NAME AND MAILING ADDRESS</th>
<th>EMERGENCY CONTACT NAME AND ADDRESS</th>
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<td>NAME:</td>
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<td>ADDRESS:</td>
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<td>ADDRESS 2:</td>
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<td>CITY, ST., ZIP:</td>
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<td>PHONE:</td>
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<td>LOCATION:</td>
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<td>BUSINESS DESC:</td>
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<td>RESP. PERSON:</td>
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<td>ACCOUNTANT NAME:</td>
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<td>BONDING COMPANY:</td>
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<td>BOND NUMBER:</td>
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<td>OTHER LICENSE #</td>
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<tr>
<th>TAX ID NUMBER:</th>
<th>OWNERSHIP TYPE:</th>
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<tr>
<td>CODE:</td>
<td>(Corp., Individual, Partnership, Etc.)</td>
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OFFICE USE ONLY:

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<tr>
<th>RESIDENT:</th>
<th>RENEW:</th>
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<td>FAL:</td>
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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:
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 five hundred (500) employees or less 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 ______, ___, 20___ 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 ________________, 20___.

___________________________________________
NOTARY PUBLIC

My Commission Expires: 

___________________________________________
October 9, 2009

Dear Business License Holder,

The Secretary of State's Professional Licensing Boards Division currently issues professional licenses through 36 boards. In addition to providing licensure for qualified individuals, the Secretary of State’s Office investigates unlicensed practice on behalf of the Boards.

Please note that O.C.G.A. § 36-60-6(a) reads in part:

Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented.

The aforementioned code section refers to any of the professions that are regulated by this Division.

As such, we have recently communicated with local business licensing authorities in an effort to ensure individuals have obtained the necessary professional licensure prior to obtaining a business license. We are asking local municipalities to verify state licensure by visiting the Secretary of State’s website at https://secure.sos.state.ga.us/myverification/ before a local business license is issued or renewed.

Please accept this letter as a reminder that no business license should be issued for professions or trades which require state licenses, unless there is verification of such license.

Sincerely,

Randall D. Vaughn
Director