

**HARALSON COUNTY BOARD OF COMMISSIONERS  
APPLICATION FOR BUSINESS/ALCOHOL LICENSE**

Haralson County Business License  
P.O. BOX 381 / 4266 GA-HWY 120  
Buchanan, GA 30113

Phone: 770-646-2033 EXT 2052

Fax: 770-646-2050

This application with remittance in full must be completed and returned with full payment. The notarized forms must accompany the application. If no longer in business, please so indicate and return the application. Please include a copy of your valid Georgia Driver's License or state issued ID.

Are you applying for: (**check one**)    ☐ Renewal (\$50 penalty after April 1)    or    ☐ New License

Business name and mailing address

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

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Business Location: \_\_\_\_\_

Business Description \_\_\_\_\_

IS THIS ADDRESS IN ANY CITY LIMITS? ( ) YES ( ) NO

Responsible person: \_\_\_\_\_

Emergency Contact Name and address

(Not Self)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-Verify ID# \_\_\_\_\_

Tax ID/SSN# \_\_\_\_\_

Ownership Type: \_\_\_\_\_

Email address: \_\_\_\_\_

DO YOU OWN THE ABOVE LISTED PROPERTY?    Y        N

IF NOT INCLUDE A LETTER OF PERMISSION FROM THE LANDLORD

**Type of license for which you are applying; ( **check all that apply** )**

\_\_\_\_\_ Business License (\$150)

\_\_\_\_\_ Retail Wine License (\$500)

\_\_\_\_\_ Retail Beer License (\$500)

\_\_\_\_\_ Farm Winery (\$500)

\_\_\_\_\_ Distillery (\$5000)

\_\_\_\_\_ Beer COP License (\$500)

\_\_\_\_\_ Wine COP License (\$500)

\_\_\_\_\_ Distilled Spirits COP License (\$5000)

\_\_\_\_\_ Brewery (\$500)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

NOTES: \_\_\_\_\_

PERMITS: \_\_\_\_\_

Questions or Concerns email:  
[businesslicense@haralsoncountyga.gov](mailto:businesslicense@haralsoncountyga.gov)

# Affidavit Verifying Status

## for County Public Benefit Application

Please read carefully before completing

- Affidavit must be notarized prior to being submitted to the Business License Division.
- Include a copy of applicant's secure and verifiable identification document. A list of secure and verifiable documents is provided by the Attorney General on the Georgia Department of Law website.

By executing this affidavit under oath, as an applicant for a business License/Occupation Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from Haralson County, Georgia, the undersigned applicant verifies **one of the following** with respect to my application for a public benefit.

☐ I am a United States citizen. **(Provide State issued identification document. Example driver's license)**

☐ I am a legal permanent resident of the United States. **(Provide a copy of alien registration document)**

☐ I am a qualified alien or non-immigrant under Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **(Provide a copy of alien registration document)**

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

The undersigned applicant also hereby verifies the he/she is 20 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)(I), 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 allowed by such statute.

Executed in \_\_\_\_\_, Georgia

this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_

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

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed name of applicant**

*\*\*\*This affidavit does not apply to an applicant applying for or renewing an application for a public benefit within the same agency or political subdivision if the applicant has previously complied with the requirements of Georgia Code Section O.C.G.A. § 50-36-2, and a signed and sworn affidavit confirming that such applicant is a United States citizen.*

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

By executing this affidavit under oath, as an applicant 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), from Haralson County, Georgia, the undersigned applicant representing the private employer knowns as

\_\_\_\_\_ {Printed business name} verifies **one** of the following with respect to my application for the above mentioned document:

### Section 1.

**Please check box A or B below.**

(A) ☐ On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10) employees.\*\***

(B) ☐ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer employees.**

**~If the employer checked box (A), must fill out Section 2 below, if (B) was checked skip to Section 3.**

### Section 2.

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 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. § 36-60-6. Furthermore, the undersigned private employer also attests that its federal work authorization company identification number (not federal employer identification number) and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification number

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

### Section 3.

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 allowed by such statute.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city) Georgia.

Subscribed and sworn before me on  
this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Printed Name of Applicant

My Commission expires \_\_\_\_\_

\*\*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.