

City of Guyton, Georgia

Established 1887

Working Together to Make a Difference

Business License Application

Business Name: _____

Type of Business: _____

Street Address/Location of Business: _____

Mailing Address: _____

Business Phone Number: _____ Alternate Phone Number: _____

Fax Number: _____ Personal Phone Number: _____

Business Email Address: _____

Business Website: _____

Number of Employees (including applicant): _____

Content of business inventory: _____

After Hours/Emergency Contact

Name: _____ Phone Number: _____

Will you have an alarm system? yes no

Signature of Business Applicant _____ Date _____

**** GUYTON CITY HALL OFFICE USE ONLY ****

Application Approved by: _____ Approved Date: _____

Amount Paid: _____ () check () cash () money order

Business License Number: _____

310 Central Avenue, PO Box 99, Guyton, Georgia 31312
912.772.3353 www.cityofguyton.com

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Business License Applicant Guyton Police Department Contact Form

Emergency Contact Numbers

Name of Business: _____

Business Location: _____

Business Phone Number: _____

Owner of Business: _____

Home Phone Number: _____ Mobile Phone Number: _____

Home Address: _____

Do you have an Alarm System? Yes No

Name of Alarm Company: _____

Name/Phone Number of First Contact Person: _____

Name/Phone Number of Second Contact Person: _____

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PLEASE PRINT AND FILL OUT COMPLETELY

"SAVE" Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Guyton, Georgia Business License or Occupation Tax Certificate, Beer and Wine License, or other public benefit as referred to in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Guyton Business License, Occupation Tax Certificate, Beer and Wine License, or other public benefit:

[print name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

1) _____ I am a United States citizens

- OR -

2) _____ I am a legal permanent resident age eighteen (18) or older or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other Federal Immigration agency is: _____

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 Annotated.

This the ____ day of _____, 20__.

Signature of Applicant

Sworn to & subscribed before me
this the ____ day of _____, 20__.

Notary Public

My commission expires: _____

*Note: O.C.G.A. Section 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 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: _____

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Private Employer E-Verify Affidavit

**** This form is required by State law ****

By executing this affidavit under oath, as an applicant for _____
(business license, occupational tax certificate, or other document required to operate a
business), as referred in O.C.G.A. Section 36-60-6, from the City of Guyton, the undersigned
applicant representing the private employer known as _____
(printed name of private employer – individual, firm or corporation) verifies one of the
following with respect to my application for the above mentioned business document:

The individual, firm or corporation employs the following number of employees (select a or b
below):

- (a) _____ 11 or more employees (you must provide the following information in
order to receive an occupational tax certificate)

Federal Work Authorization User Identification
Number

Date of Authorization

- (b) _____ 10 or fewer employees (automatically except from participation in E-
Verify program).

Furthermore, I, as the applicant, affirmatively state that 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. Section 36-60-6.

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. Section 16-10-20, and face criminal penalties by such
statute. Executed on the ____ day of _____, 20__ in _____ (city),
_____ (state).

Signature of Authorized Officer/Agent

Subscribed and sworn before me on
this the ____ day of _____, 20__

Printed Name/Title of Authorized Agent

Notary Public
My Commission Expires: _____

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