Completion of this form does not guarantee issuance of an Occupational Tax Certificate. The City of Peachtree City reserves the right to deny a certificate for documented violations of Peachtree City Codes, delinquent taxes or fees from the business or its owners, or if the business or location fails to meet requirements set forth by the City or applicable state and federal laws. Failure to complete this form in its entirety or provide accurate information will result in rejection of the application.

**BUSINESS TYPE**
- [ ] Home Based
- [x] Non-Home Based
- [x] Non-Profit\Exempt

**NON-PROFIT \ EXEMPT**
Fee: Annual Administrative Fee Only = $20.00
If this business is claiming Non-Profit\Exempt status, photocopied documentation is required at time the application is submitted or renewed.

**FEES**

**TOTAL OCCUPATIONAL TAX DUE = (SEE CHART ENCLOSED)**
(Min Payment $107 | Max Payment $6,176)

I certify that I am the Owner/Agent of this business and that all information provided as a part of this application is true and correct. If this business is Home-Based as checked above, I certify that I have received a copy of the regulations governing the operation of a home occupation and that I understand these regulations.

Signature of Owner/Agent: ___________________________ Date: ________________
S.A.V.E
Systematic Alien Verification for Entitlements (SAVE)
Affidavit Verifying Status for
City Public Benefit Application

By executing this affidavit under oath, as an applicant/representative, for a City of Peachtree City, Georgia Business License or Occupational 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 City of Peachtree City Occupational Tax Certificate, Alcohol License or other public benefit:

Company Name: ___________________________________________________________________________

Applicant Name: ________________________________________________________________________

CHOOSE ONLY ONE:

1) _____ I am a United States citizen

2) _____ I am a legal permanent resident* of the United States 18 years of age or older, please include Alien Registration Number here: ________________________________

3) _____ I am a 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. Please record identifying number here: ____________________________

* 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.

In making the above statement 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 OCGA Section 16-10-20, and face criminal penalties allowed by such statute.

_______________________________   __________________________
Signature of Applicant/Representative                 Date of Birth
(MUST be signed in front of Notary)

_______________________________   __________________________
Printed Name                 Date

Contact Phone: __________________________

_______________________________   __________________________
SUBSCRIBED AND SWEARING BEFORE ME,
ON THIS THE ________ DAY OF
_____________________, 20____.

_______________________________
Notary Public
My Commission Expires: ________

Revised 10-2014
E-Verify (All Businesses must complete this form)

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

By executing this affidavit under oath, as an applicant for a Peachtree City (check one):

_____ Occupational Tax Certificate     _____ Alcoholic Beverage License

Company Name: _____________________________

Applicant Name: _____________________________

Applicant verifies one of the following with respect to the application for the above mentioned document:

Fill out this section:

1. _____ On January 1st of the below signed year the individual, firm, or corporation employed LESS than ten (10) employees

2. _____ On January 1st of the below signed year the individual, firm, or corporation employed MORE than ten (10) employees. **Please input your e-verify # here**  **we must have this number if you have 10 or more employees**

E-Verify Company ID Number (all numbers, no alpha) _____________________________ Date of Authorization _____________________________

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed above.

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.

________________________________________
Signature of Applicant/Representative (this must be signed in front of notary) Date

________________________________________
Printed Name and Title of Authorized Agent

________________________________________
Contact Phone Number

_____________________________________
Notary Public

My Commission Expires: _____________________________

REVISED 2-2014
FAYETTE COUNTY E 9-1-1 COMMUNICATIONS

EMERGENCY CONTACT FORM

Name of Business: ____________________________________________________________

Business Address: __________________________________________________________

Prior Address of Business (if applicable): _______________________________________

Business Phone Number: ______________________________________________________

Business Owner(s) Name: _____________________________________________________

Owner(s) Home Phone Number: ________________________________________________
  (Emergency Use Only)

Building Owner: _____________________________________________________________

Building Owner's Phone Number: _______________________________________________

Emergency Contact: (Someone who can gain access to the business after normal business hours incase of: Fire, Burglar Alarm or other emergency.)

1. Name: __________________________ Phone #: _________________________________

2. Name: __________________________ Phone #: _________________________________

3. Name: __________________________ Phone #: _________________________________

Please return a copy of this form to:

Fayette County E 9-1-1 Communications
140 Stonewall Avenue, West
Fayetteville, GA 30214
770-461-4357