

APPLICATION FOR BUSINESS LICENSE
COUNTY OF WAYNE
P. O. BOX 174
JESUP, GA 31598
(912) 427-5920
(912) 427-5924 FAX

(OFFICE ONLY:)

BUSINESS LICENSE	RECEIPT #	MAP/ PARCEL	DATE RECEIVED

1.) BUSINESS NAME: _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ SST#: _____

2.) OWNER'S NAME: _____

TELEPHONE #: _____ SSN#: _____

3.) NAME OF ACCOUNTANT: _____

4.) E-VERIFY FORM, E-VERIFY #: _____

(We need to have an E-verify form on each business each year)

- I have 10 or less employees and need a form to sign
- I have 11 or more employees and have an e-verify #

5.) NEW BUSINESS OR RENEWAL (PLEASE CIRCLE ONE)

6.) TYPE OF BUSINESS: (Examples)

- CONSTRUCTION _____ (Building, Electrical, Plumbing, Heat & Air)
- RETAIL _____ (Sales, Apparel, Automotive, Building Materials)
- SERVICES _____ (Landscaping, Repairs, Recreation, Educational)
- OTHER _____ (Trapping, Forestry, Communication, Membership)

7.) FEES:

No. OF EMPLOYEES: _____ (\$ AMOUNT PER FEE SCHEDULE) \$ _____

Late Fee (\$35.00) \$ _____

8.) TOTAL BUSINESS TAX DUE: **total :** \$ _____

SIGNATURE: _____

WE ACCEPT CASH OR CHECK:

IF YOU ARE PAYING WITH A CHECK, WE WILL NEED TO PROVIDE US A COPY OF YOUR DRIVER'S LICENSES UPON PURCHASING A COUNTY BUSINESS LICENSE.

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) employees

*** 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 _____, _____, 201__ 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 _____, 201__.

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.