



HALL COUNTY BUSINESS LICENSE DEPARTMENT

P O Box 1435 Gainesville, Ga. 30503

770-531-6815

2875 Browns Bridge Rd., Gainesville, Ga. 30504 businesslicenseclerk@hallcounty.org

HALL COUNTY BUSINESS LICENSE APPLICATION

Business Name _____ Business Phone (____) _____

Business physical address _____
Number & Street Name City State Zip

Business mailing address _____
If different from above

E-Mail Address _____

Total number of people working in business, full time, or part-time equaling full time, including all owners _____

Beginning Date of business from **THE ABOVE** address _____

Federal Employer ID Number (FEI #) _____ Georgia Sales & Use Tax # _____

Business Type (be very specific as to what you will be doing): State License number _____ exp: _____
If applicable

OWNERSHIP

Name of Owner if Sole Proprietorship, or name of officer if Corp. or LLC Home Address City State Zip

Home Phone number Cell Number Fax Number

Additional Owner's name if partnership Home Address City State Zip

Home Phone number Cell Number Fax Number

TYPE OF OWNERSHIP Sole Proprietor Partnership Corporation LLC

If corporation or LLC, what is the EXACT, complete name as it is registered with the Georgia Secretary of State's Office:

Corporate name Corporate Address City State Zip

IMPORTANT ALONG WITH THIS APPLICATION, PLEASE BRING **ORIGINAL** GOVERNMENT ISSUED PHOTO ID ON ALL OWNERS AND/OR PRESIDENT OF THE CORPORATION (corporate officer MUST be on Georgia Secretary of State's Website), GREEN CARD (if applicable), OCCUPANCY PERMIT SHOWING THE BUSINESS PHYSICAL ADDRESS (Issued by the Planning & Zoning/Building Inspection Depts.) AND ANY OTHER REQUIRED DOCUMENTATION. ALL THESE ITEMS MUST BE SUBMITTED BEFORE ANY BUSINESS LICENSE CAN BE ISSUED.

For office use only

BL# _____ CO# _____



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**Affidavit Verifying Legal Status
Of Applicant for Hall County Business License**

By executing this affidavit under oath, as an owner/applicant for a Hall County Business Occupation Tax Certificate (Business License), as referenced in OCGA 50-36-1, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States 18 years of age or older;
- 3) _____ 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:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by OCAG 50-36-1, with this affidavit.

The secure and verifiable document provided with this affidavit can be best 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 Code Section 16-10-20 of the Official Code of Georgia, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

Signature of Applicant

Printed name of applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

SEAL

Notary Public



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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) employees¹.

*** 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 employees¹.

*** 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 _____, _____, 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: _____

SEAL

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.