



**City of Avondale Estates, Georgia  
New Business License Application**

**Business Information**

Date Opened in Avondale Estates: \_\_\_\_\_

Business Name(s): \_\_\_\_\_

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

Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Other Locations (if applicable): \_\_\_\_\_

Previous Business Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_

# of Full Time (35 hrs/week) Employees: \_\_\_\_\_

**Contact Information**

Owner: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

SSN: \_\_\_\_\_

Co-Owner: \_\_\_\_\_

Title: \_\_\_\_\_

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

Agent or Attorney, if any: \_\_\_\_\_

**Tax Information**

Business Activity: \_\_\_\_\_

Type (check one):  Partnership  Sole Owner  Corporation  Other

Tax ID: \_\_\_\_\_

Estimated Gross Receipts for Current Year: \_\_\_\_\_

How do you determine revenue?:  Examination of Invoices  General Estimate  Formula or Percentage  Other (explain) \_\_\_\_\_

**Certification**

The information herein is required by the Code of Ordinances of the City of Avondale Estates

I \_\_\_\_\_, being the (title) \_\_\_\_\_ of the business named, do hereby register to operate said business. In accordance with the Occupational tax ordinance, I, the undersigned certify that I am the person duly authorized by the business herein named to file this return including the accompanying schedules and statements that the same are true, correct, and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> 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: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> 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.

***Affidavit Verifying Status  
For City Public Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Avondale Estates, 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 Avondale Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

\_\_\_\_\_ (Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

1).  I am a United States citizen

**OR**

2).  I am a legal permanent resident 18 years of age or older or I am an otherwise 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.

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 6-10-20 of the Official Code of Georgia.

Date: \_\_\_\_\_

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

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

\*Alien Registration Number for non-citizens: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_

NOTE: 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 alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.