

CERTIFICATE OF ZONING COMPLIANCE
CITY OF QUITMAN, GEORGIA
BUSINESS LICENSE APPLICATION

THIS PORTION TO BE FILLED OUT COMPLETELY BY APPLICANT

Projected Opening Date _____

The undersigned hereby applies for a Certificate of Zoning Compliance to occupy and use the premises as follows:

1. **Name of Business:** _____

2. **Physical Address** of the property to be affected by the activity proposed:

3. Proposed **use** of the premises (detailed as much as possible):

4. I hereby certify that I have the legal authority to file this application, that I have completed and examined this application and know the same to be true and correct. I further certify that all provisions of law and other regulations governing the type of construction and use proposed in this application have been complied with, whether specified in this application or not.

5. A certificate of Zoning Compliance, once issued, shall remain in effect if the use of the land, buildings and structures are used in accordance with said certificate.

Printed name of applicant(s)

Complete mailing address of applicant(s)

Signature of applicant(s)

Phone # of applicant(s)

Date

Please Provide a photo copy of Driver's License.

EMERGENCY CONTACT INFORMATION

The information required below will enable emergency personnel to contact the person(s) listed, in case your business has a fire or police emergency and you are unable to be reached.

Business Name:

Owner Name: _____

Address: _____

Phone Number: _____

Primary Emergency Contact:

Name: _____

Address: _____

Phone Number: _____

Additional Contact:

Name: _____

Address: _____

Phone Number: _____

Additional Contact:

Name: _____

Address: _____

Phone Number: _____

Affidavit Verifying Status of Benefit Applicant

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in the City of Quitman providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits. By executing this affidavit under oath, I am stating the following with respect to my application for an Occupation Tax Certificate, Alcohol License, or other Georgia Business License, do state the following:

- I am a United States citizen 18 years of age or older;
- I am a legal permanent resident 18 years of age or older;
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. 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 O.C.G.A. 16-10-20. Executed in _____(city), _____(state).

Signature of Applicant Printed Name Date

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

_____ My Commission Expires: _____

NOTARY PUBLIC

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

Effective July 1, 2013, any private company with more than **10 full-time** employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it’s compliance with O.C.G.A. § 36-60-6, **stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number Date of Authorization Name of Private Employer

If your business employs less than ten (10) employees, please check this box and sign below. By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, _____, 20_____ in _____(city), _____(state).

Signature of Applicant Printed Name Date

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

_____ My Commission Expires: _____

NOTARY PUBLIC

In accordance with the City of Quitman’s business occupation tax codes and ordinances, I certify that I am the person duly authorized by the business herein named to file this application, including the accompanying documentation and they are true and correct. I also understand that my business must be operated in compliance with all applicable state, federal and local (laws, ordinances and regulations); And that the payment of this occupation tax does not waive any rights of state, federal or local officials to regulate and enforce such laws, ordinances or regulations.

Signature: _____ Date: _____
Owner/President/Manager/CEO

Zoning Administrator: _____ Approved: ___ Denied: ___

Fire Department Chief: _____ Approved: ___ Denied: ___

Chief of Police: _____ Approved: ___ Denied: ___

City Council: _____ Approved: ___ Denied: ___

City Council Meeting Date: _____