

CITY OF HARLEM  
320 NORTH LOUISVILLE STREET  
PO BOX 99  
HARLEM, GEORGIA 30814  
706-556-3448

RE: BUSINESS LICENSE APPLICATION

FOR YEAR: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_ STATE ID #: \_\_\_\_\_

NAME(S) OF OWNER(S) \_\_\_\_\_

NAME(S) OF MANAGER(S) \_\_\_\_\_

OWNERS HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_  
(INCLUDING OWNERS, PARTNERS, TEMPORARY, ETC.)

I (WE) DO HEREBY CERTIFY THAT THE INFORMATION FOR THE ABOVE BUSINESS  
OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

NUMBER OF EMPLOYEES	TAX AMOUNT
1-5	\$75.00
6-10	\$100.00
11-20	\$175.00
21-30	\$250.00
31-40	\$300.00
OVER 40	\$500.00

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) business license/occupational tax certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Harlem, 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.
- 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 O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be 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 O.C.G.A. § 16-10-20, 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\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

**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

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**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.