



City of Camilla
PLANNING & ZONING
P.O. BOX 328 ~ CAMILLA, GA 31730
Phone: (229) 336-2207 ~ Fax: (229) 330-2230

**RENEWAL
UPDATE**

OFFICE USE ONLY:

BUSINESS LICENSE #: _____ REGULATORY CERTIFICATE #: _____

Please help us ensure your business information is current and up-to-date. A valid/working telephone number is required for all businesses ~ cell or landline.

EFFECTIVE DATE OF CHANGE(S): _____

NAME OF BUSINESS: _____

D/B/A (if applicable): _____

PHYSICAL ADDRESS OF BUSINESS: _____

MAILING/BILLING ADDRESS: _____

BUSINESS PHONE NUMBER: _____ BUSINESS FAX #: _____

NAME OF OWNER: _____

OWNER'S PHONE NUMBER: _____ CELL NUMBER: _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES: _____

10 or more employees requires the following:

E-Verification Number: _____

E-Verify Authorization Date: _____

I certify the information is true and correct to the best of my knowledge.

Signature

Date

PRINTED
NAME: _____

COMMENTS/ADDITIONAL INFORMATION: _____



APPLICATION AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT (SAVE) O.C.G.A. 50-36-1 AND PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

OFFICE USE ONLY
BUSINESS:
LICENSE/CERTIFICATE #:

By executing this Affidavit under oath, as an applicant for a(n):

- Business License [Occupational Tax Certificate]
Alcohol License
Other document required to operate a business
Regulatory Certificate
Taxi Permit

COPY OF PICTURE IDENTIFICATION REQUIRED

from the City of Camilla, the undersigned applicant representing the private employer known as: [printed name of business/private employer] provides the following with respect to this application for the above referenced document.

10 (ten) or more employees

ON January 1st of the below signed year, the individual, firm, or corporation employed 10 (ten) or more employees. 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(a). The undersigned private employer also attests that its' federal work authorization user identification number, E-Verify Number, and date of authorization are listed below:

E-Verification # Federal Work Authorization User ID# Date of Authorization

9 (nine) or less employees

ON January 1st of the below signed year, the individual, firm, or corporation employed 9 (nine) or less employees - Exempt from E-Verify

[PLEASE PRINT: name of person applying on behalf of individual, business, corporation, partnership, or other private entity]

CHECK ONE (1) BOX ONLY:

- I am a United States Citizen
I am a legal permanent resident 18 years of age or older OR I am otherwise a 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.
ALIEN REGISTRATION NUMBER:

In making the above representation under oath, I understand any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A. 16-10-20 and face criminal penalties allowed by such statute.

Executed on the day of, 20 in City State

Signature of Applicant/Agent Printed Name of Applicant and Title of Agent

SWORN TO AND SUBSCRIBED BEFORE ME:
Notary Public
My Commission Expires:

AFFIX NOTARY SEAL