



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

LICENSE
YEAR: 2017

OFFICE USE ONLY:

BUSINESS LICENSE APPLICATION

REGULATORY CERTIFICATE FEE APPLICATION

NAICS CODE: _____

NAME OF BUSINESS: _____ If business is classified as an Inc. or LLC, proof is required or business will not be listed as Inc. or LLC.
 D/B/A (if applicable): _____
 TYPE OF BUSINESS: _____

PHYSICAL ADDRESS OF BUSINESS: _____

MAILING/BILLING ADDRESS: _____

NUMBER OF EMPLOYEES: _____ *10 or more employees requires the following:*
 E-Verification Number: _____
 E-Verify Authorization Date: _____

FEDERAL/STATE TAX ID NUMBER OR SSN#: _____

BUSINESS PHONE NUMBER: _____ BUSINESS FAX #: _____

NAME OF OWNER: _____

OWNER'S PHONE NUMBER: _____ CELL NUMBER: _____

OWNER'S PHYSICAL ADDRESS: _____

MANAGER'S NAME: _____ MANAGER'S PHONE #: _____

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

Applicant Signature

 Date

PRINTED NAME: _____

*Certificates requiring special or additional information are listed below.
 Attach the required documentation to this form.*

- Beauty/Barber Shop/Nail Salon, Day Care/Personal Care Home – Copy of Current State License
 - Contractor/HVAC/Electrical/Plumbing (Gas Fitter) – Copy of Current State License, Proof of \$100,000 Liability Insurance
 - Restaurant/Quick Food Service – Copy of Current Health Department Food Service Permit
 - Grocery/Convenience Store – Copy of Current USDA Permit
 - Pest Control – Copy of Current State License, Proof of \$100,000 Liability Insurance
 - Pawn Broker - \$25,000 Bond (See City of Camilla Code of Ordinances, Section 9-3-25)
 - Tree Service – Proof of Liability Insurance
- **PROOF OF WORKMEN'S COMP. INSURANCE may be required for businesses with 3 or more employees.**



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/CERTIFICATION #: _____

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

- Business License [Occupational Tax Certificate] Regulatory Certificate
 Alcohol License Taxi Permit
 Other document required to operate a business (as referenced in O.C.G.A. 36-60-6(d), O.C.G.A. 50-36-1)

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 (I) 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