

THOMAS SEABOLT

*Mayor*

NANCY GODFREY

*City Clerk*

CORTNEY M. STUART

*City Attorney*

CITY OF McCAYSVILLE

223 Blue Ridge Drive  
P.O. Box 6  
McCaysville, Georgia 30555  
Phone 706/492-4921  
Fax 706/492-3624

MEMBERS OF COUNCIL

Larry L. Collis

*Mayor Pro-tem*

Sue T. Beaver

Rodney Patterson

Tommy Quintrell

Richard Wagner

January 11, 2018

Dear Business Owner:

Occupational Taxes for **2018** are due **January 1, 2018**. Enclosed you will find an application. Please complete the application and return along with your payment of **\$25.00** to City of McCaysville. **Please include your sales tax number, tax ID number, and your E-verify number; you will not be issued a business license without this information.**

Georgia and Federal law requires specific affidavits that must be submitted with your business license application. These affidavits must be notarized; a notary is available at City Hall at no charge and these too must be received before a business license is issued.

If you have any questions, please contact City Hall at 706-492-4921.

Sincerely,

***Nancy Godfrey***

City Clerk

**APPLICATION FOR BUSINESS LICENSE**

**CITY OF McCAYSVILLE**

Business or Firm Name: \_\_\_\_\_

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

\_\_\_\_\_

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

State Sales Tax Number: \_\_\_\_\_

\*E-Verify Number (required by all employers with more than 10 employees):

\_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_

\_\_\_\_\_

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

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

**TYPE OF BUSINESS OR SERVICE**

Please describe the product or services you will offer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days and hours and of operation: \_\_\_\_\_

Date you plan to open: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

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

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Date

**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION (S.A.V.E.)**

**PLEASE SIGN THE DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC.  
THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.**

By executing this affidavit under oath, as an applicant for a City of McCaysville, Georgia Occupational Tax Certificate, Alcohol License, or other public benefit as referred in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a public benefit:

- \_\_\_\_\_ Occupational Tax Certificate
- \_\_\_\_\_ Alcohol License
- \_\_\_\_\_ Other Public Benefit

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

- \_\_\_\_\_ I am a United States citizen. (Attach a copy of your driver's license)
- \_\_\_\_\_ I am a legal permanent resident of the United States.\*
- \_\_\_\_\_ 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.\*

\*For legal permanent residents, qualified aliens, and non-immigrants, verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Permanent Resident Alien Card (I-551)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

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 €(1), with this affidavit.

Must attach a copy of the secure and verifiable document.

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

Sworn to and subscribed before me, this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name of Applicant

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

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and 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

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:  
\_\_\_\_\_