



New Business License

To obtain a new Business License, bring a completed application to City Hall, along with the following:

- Lease Agreement (if renting new business space)
- Proof of Ownership ((if owner of business space)
- Tax ID# for the Business
- Personal Identification
- To obtain a business license in Carroll County, a fire inspection from the Fire Marshal's Office must be successfully completed FIRST. All fire inspection requests are submitted digitally through the Carroll County Fire Rescue website using the "Request An Inspection" button on the homepage:
www.carrollcountyfirerescue.com



City of Temple
 240 Carrollton Street
 Temple, Georgia 30179
 (770) 562-3369
 cmoore@templega.us

FOR OFFICE USE ONLY License Number: _____
 License Year: _____ Amount Paid: _____

APPLICATION FOR CITY OF TEMPLE BUSINESS LICENSE / OCCUPATIONAL TAX CERTIFICATE

Business Name: _____
 Business Location Address: _____
Street Address City State Zip

Is the Business located at a Residential Location or a Commercial Non-Residential Location? Residential Commercial

Will there be any outside storage of any Business Related Materials at this Business Location? Yes No

If this is a Commercial/Non-Residential Business Address: Yes No Unknown

Has this building been inspected by the City of Temple Codes Inspector in the past 12 Months? Yes No Unknown

Business Mailing Address: _____
Street Address City State Zip

Business Telephone: _____ Additional Telephone: _____

Name of Owner: _____

Owners Mailing Address: _____
Street Address City State Zip

Type of Business: _____ Number of Employees: _____

Describe Business Activities: _____

Federal Identification No.: _____ State Tax Identification No: _____

Estimated Gross Receipts Annual: _____
 Type of Ownership: Corp: _____ Partnership: _____ Sole Proprietor: _____ Other: (Describe) _____

- (1) If Corporation, attach a copy of Articles of Incorporation or Certificate of good standing showing all officers, percent of officers, percent of ownership, home address and phone numbers.
- (2) If Partnership, attach a copy of Partnership agreement showing all parties and percent of ownership as well as home addresses and phone numbers.

Will there be Signage at your Business? A Sign Permit will be required for
 By signing below, I hereby declare that the above information is true and correct to the best of my knowledge.

Printed Name: _____ Date: _____
 Signature: _____ Title: _____

FOR OFFICE USE ONLY

Approved _____ Disapproved _____ Signature _____ Date _____

S.A.V.E. AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

This form is required for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- I am a United States citizen, or
(Must include a copy of either current State Driver's License, Passport, Military ID, or other approved document*.)
- I am a legal permanent resident of the United States**, or
(Must include a copy of your Permanent Resident Card or other approved document*.)
- 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**(Must include a copy your Employment Authorization Card or other approved document*.)

**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.

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 on the _____ date of _____, 20__ in

_____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS __ DAY OF _____, 20__

(Seal)

NOTARY PUBLIC

My Commission Expires: _____

*A complete list of verifiable documents can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).

E-VERIFY AFFIDAVIT

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

Regardless which option you select, this Affidavit Must Be Signed & Notarized at the bottom of this page.

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 Alcohol License to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1

Business Name:

CHECK ONLY ONE OF THE BELOW OPTIONS

- (A) On January 1st of the current year, the Individual, Firm, or Corporation employed MORE than TEN (10) Employees
- (B) On January 1st of the current year, the Individual, Firm, or Corporation employed LESS than TEN (10) Employees

Section 2

IF THE APPLICANT SELECTED OPTION B – SKIP TO SECTION 3.

YOU DO NOT NEED TO COMPLETE SECTION 2 UNLESS YOU HAVE 10 OR MORE EMPLOYEES.

If you have Ten (10) or more Employees, you are required to register and utilize the Federal Work Authorization program

in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Your E-Verify Number also known as your Federal Work Authorization User Identification Number (usually 4 to 6 digits) is as follows: Date of Authorization:

Section 3

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Executed in GEORGIA on this day of , 20

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____
DAY OF _____ 20 _____

Notary Public My Commission Expires: _____