



CITY OF TYBEE ISLAND BUSINESS LICENSE APPLICATION

Date	_____
New	_____
Renewal	_____
License #	_____

Business Name			
Location			
Mailing Address			
Phone		Email	
Federal ID #		Sales Tax ID	
Business Type (<i>circle one</i>): Sole Proprietor Partnership Corporation LLC Non-Profit Other: _____			
Names and Home Addresses of Owners, Partners or Corporate Officers			
Names	Home Address	City, State, Zip	Title

Describe the business you would like to license:

Has this business or anyone connected with this business been cited or charged with any violation of Georgia Law, Federal Law, Local Ordinance, or any Rule or Regulation of the State Revenue Commissioner or any Rule or Regulation of the City or County within the past 12 months? (*circle one*) YES or NO (If YES, include details)

Any business that requires state licensing must present state license when applying. It is the applicant's responsibility to ensure zoning conformance. If there is a question as to whether the location is zoned correctly please contact the Zoning Office at 912-472-5033. Application for alcohol license requires a separate form, approval and fingerprinting if a new alcohol license. Application for entertainment requires annual review and approval.

ALL COMMERCIAL BUSINESSES MUST HAVE A FIRE MARSHAL INSPECTION. CALL 912 201-4300:

Fire Prevention: Inspection Report from Fire Marshal/County Inspector N/A

NEW APPLICATIONS FOR FOOD SERVICE OR TOURIST ACCOMMODATIONS (I.E. HOTEL/MOTEL, BED & BREAKFAST) REQUIRE:

Inspection Report from Georgia Department Of Public Health/Department of Agriculture N/A

Applicant Signature _____ Date _____

Printed Name _____

Received by _____ Date _____



License #: _____

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Tybee Island, Georgia, Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract, or other public benefit as referenced in O.C.G.A. Section 50-36-1, the undersigned applicant representing _____ (name of business), verifies one of the following with respect to my application for public benefit:

1) _____ **I am a United States citizen.**
(document example: **Driver's license, US Passport, US Military Card, etc.**)

OR

2) _____ **I am a legal permanent resident of the United States**
(document example: I-551 Permanent Resident Card, Certificate of Citizenship, etc.)

2) _____ **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: _____
(document example: **Temporary Resident Card; Employment Authorization Card, etc.**)

- 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), 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.

Signature of Applicant

Date

Printed Name

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

Notary Public _____

My Commission Expires: _____

PLEASE COMPLETE THIS AFFIDAVIT AND SUBMIT A COPY OF THE IDENTIFICATION DOCUMENT (front and back) **PRESENT IN PERSON** AT 403 BUTLER AVE **OR FAX** TO 912- 786-5832 **OR E-MAIL** TO: SSHAYER@CITYOFTYBEE.ORG . REFERENCE YOUR BUSINESS LICENSE NUMBER IN THE SUBJECT LINE OF YOUR E-MAIL. If fax or email this form, please have this form notarized prior to submitting it to The City of Tybee Island at sshaver@cityoftybee.org or 912 786-5832. The City of Tybee has a notary, if submitting in person.

Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

E-VERIFY AFFIDAVIT

For Employers with 10 or fewer employees

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize 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. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20__ in _____(city), _____(state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

For Employers with more than 10 employees

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 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. § 36-60-6. 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 (Four-Six numbers)

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 _____, 20__.

NOTARY PUBLIC

If fax or email this form, please have the forms notarized prior to submitting it to The City of Tybee Island at sshaver@cityoftybee.org or 912 786-5832. The City of Tybee has a notary, if submitting in person.