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COUNCIL MEMBERS

Mona W. Paulk • Patrice Y. W. Manley • Lemora Moses • Steven Hudson • Claire M. Clayton

Quanneisa Harris, Front Desk Clerk • Randi L. Wynn, Front Desk Clerk • Ayanna Smith, Assistant Accounting Clerk

# CITY OF OCILLA

(229) 468-5141 • 468-9456 • FAX 468-9447

P.O. Box 626  
Ocilla, GA 31774

## APPLICATION FOR BUSINESS LICENSE

*Attention: "Before a municipality is allowed to grant a business license or other document required to operate a business the municipality must obtain from the business an E-Verify affidavit. If the business is a private employer "engaged in a profession or business required to be licensed by the state under Title 43" then the municipality is required to obtain proof of state licensure before granting the local business license. Title 43 of the Georgia Code contains mandates for state licensure for a large number of professions, including, but not limited to, barbers, cosmetologists, electricians, plumbers, nurses, contractors, transient merchants, used car salesmen, and many more. This mandate has been in the law for a number of years but it is important to reiterate these requirements because the new immigration related state laws have attached significant penalties to failure to comply with this mandate."*

[Everify@dhs.gov](mailto:Everify@dhs.gov)

[www.dhs.gov/e-verify](http://www.dhs.gov/e-verify)

The Department of Homeland Security  
888-464-4218

Please return completed application to the City Clerk's Office

DATE: \_\_\_\_\_

NAME OF BUSINESS AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE TYPE OF BUSINESS: \_\_\_\_\_

WHAT DAYS WILL THE BUSINESS BE OPEN? (Circle all that apply) SUN MON TUES WED THURS FRI SAT

WHAT HOURS WILL THE BUSINESS BE OPEN? \_\_\_\_\_ CLOSING? \_\_\_\_\_

**All business serving alcohol by the drink must be closed by 12:00 a.m. (midnight)**

HAVE YOU PREVIOUSLY OPERATED A BUSINESS IN IRWIN COUNTY? Yes or No (circle one)

IF YES, THEN LIST NAME OF BUSINESS AND DATES YOU OWNED THE BUSINESS:

\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF EMPLOYEES YOU WILL EMPLOY: \_\_\_\_\_

NAME, SIGNATURE, AND TITLE OF PERSON(S) IN WHOSE NAME(S) THE BUSINESS WILL BE OPERATED:

PRIMARY BUSINESS OWNER	SECONDARY BUSINESS OWNER
_____ NAME	_____ NAME
_____ SIGNATURE	_____ SIGNATURE
_____ TITLE	_____ TITLE
_____ SOCIAL SECURITY NUMBER	_____ SOCIAL SECURITY NUMBER
_____ HOME ADDRESS	_____ HOME ADDRESS
_____ PHONE NUMBER	_____ PHONE NUMBER
_____ WITNESSED BY	_____ WITNESSED BY

**BUSINESS LICENSE OCCUPATIONAL TAX FOR LICENSE FEES**

First 10 employees	_____	X \$25.00 = \$	_____
Next 10 employees	_____	X \$18.75 = \$	_____
Next 10 employees	_____	X \$14.06 = \$	_____
Next 10 employees	_____	X \$10.55 = \$	_____
Next 10 employees	_____	X \$ 6.33 = \$	_____
Remaining employees	_____	X \$ 1.90 = \$	_____
<b>PLUS THE ADMINISTRATIVE FEE \$25.00 = \$</b>			_____
			<b>TOTAL</b>
			\$ _____

If you and/or your employees are licensed by the state, we are required by Georgia law to obtain a copy of the valid license.

Please list the names of employees requiring a state license and include the state license number on this form. (Please attached separate sheet for additional employees).

_____ Name	_____ State License Number
_____ Name	_____ State License Number
_____ Name	_____ State License Number

BUSINESS SALES TAX ID NUMBER \_\_\_\_\_

After March 15, 2020 a 10% penalty will be enforced.

“This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250”

**City of Ocilla Affidavit  
Verifying Status  
For City Public Benefit Application**

By executing this affidavit under oath, as an applicant for a City of Ocilla, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. section 50-36-1, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit for

\_\_\_\_\_  
*[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]*

**Check Number 1 or Number 2**

- 1) \_\_\_\_\_ I am a United States Citizen.
  
- 2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise 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.

In making the above representation under oath, I understand that a person who knowingly and willfully makes a false, fictitious, fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\* \_\_\_\_\_  
**Alien Registration Number for Non-Citizen**

\_\_\_\_\_  
SUBSCRIBED AND SWORN  
BEFORE ME ON THIS  
THE \_\_\_\_\_ DAY of \_\_\_\_\_, 20\_\_\_\_\_  
Notary Public  
My Commission Expires:

**\*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:**

\_\_\_\_\_

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

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[business license, occupational tax certificate, or other document required to operate a business]  
as referenced in O.C.G.A. § 36-60-6(d), from the City of Ocilla, the undersigned applicant  
representing the private employer known as

\_\_\_\_\_  
[printed name of private employer or owner]

verifies one of the following with respect to my application for the above mentioned document:

1. Choose ONE of the following:
  - (a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. **If the employer selected (a) please fill out Section 2 below.**
  - (b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.
2. 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 and date of authorization are as listed below:

Federal Work Authorization User Identification Number (E-Verify Number)	Date of Authorization
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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 allowed by such 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

\_\_\_\_\_  
SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.  
NOTARY PUBLIC  
My Commission Expires:

“This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250”

Please remit form and payment to: City of Ocilla  
111 N. Irwin Avenue  
P.O. Box 626  
Ocilla, GA 31774

I look forward to you being a part of our business community.

Sincerely,  
*Mayor Matt Seale*

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**FOR THE CITY OF OCILLA CLERK'S OFFICE USE ONLY**

**ZONE CLASSIFICATION** \_\_\_\_\_ **LICENSE NUMBER** \_\_\_\_\_

**LICENSE AMOUNT** \_\_\_\_\_ **FEDERAL TAX ID #** \_\_\_\_\_

**SALES TAX ID NUMBER** \_\_\_\_\_

**E-VERIFY NUMBER** \_\_\_\_\_

**BUSINESS CODE** \_\_\_\_\_ **OFFICE STAFF SIGNATURE** \_\_\_\_\_

**DATE APPROVED AND LICENSED ISSUED** \_\_\_\_\_