



LICENSE YEAR: 2019

Business License # _____

Mitchell County
BUILDING & ZONING DEPARTMENT
18 NORTH COURT STREET
CAMILLA, GEORGIA 31730

Phone: 229•336• 2060 ~ Fax: 229• 336•2362 ~ E-mail: mczoning@mitchellcountyga.net

BUSINESS LICENSE REGISTRATION BUSINESS/ REGULATORY LICENSE REGISTRATION

BUSINESS NAME: _____

D/B/A (if applicable): _____

BUSINESS TYPE: _____

BUSINESS PHYSICAL ADDRESS: _____
(No Post Office Boxes)

BUSINESS MAILING ADDRESS: _____

NUMBER OF EMPLOYEES: _____ 11 or more employees requires the following:

_____ (Federal Work Authorization User ID#) Date of Authorization _____

_____ (E-Verification#) Date of Authorization _____

E-VERIFICATION CURRENTLY ACTIVE _____

BUSINESS PHONE NUMBER: _____ BUSINESS CELL NUMBER: _____

BUSINESS OWNER'S NAME: _____

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

Applicant Signature

Printed Name

Date

LICENSES THAT REQUIRE ADDITIONAL INFORMATION ARE STATE LICENSED BUSINESSES:
(Copy of Current State License)

BUSINESSES LOCATED OUTSIDE OF MITCHELL COUNTY:
(Copy of License Where Business is Located)

****BUSINESS LICENSE FEE IS \$25.00****

(BUSINESS WITH A STATE LICENSE & OBTAINING A COPY OF THE MITCHELL COUNTY LICENSE - FEE IS \$10.00)



**E-VERIFY / SAVE AFFIDAVIT
(O.C.G.A. 36-60-6(d) / O.C.G.A. 50-36-1(f)(1) / 50-36-1(f)(a)(A))
AFFIDAVIT VERIFYING STATUS FOR MITCHELL COUNTY PUBLIC
BENEFIT(Save) / PRIVATE EMPLOYER AFFIDAVIT (E-Verify)
SUBMITTED TO DEPARTMENT OF FINANCE – OFFICE OF REVENUE**

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

- Business License (Occupational Tax Certificate)** **Business License (Regulatory Certificate)**

****COPY OF PICTURE IDENTIFICATION REQUIRED****

Other document required to operate a business (as referenced in O.C.G.A. Section 36-60-6(D) / O.C.G.A. 50-36-1(f)(1)/ 50-36-1(f)(a)(A) from the County of Mitchell, Georgia, the undersigned applicant representing the private employer known as _____ (Name of business/ private employer) provides the following with respect to this application for the above referenced document.

11 (eleven) or more employees:

ON January 1st of the below signed year the Individual, firm, or corporation employed (11) eleven 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

10 (ten) or less employees:

ON January 1st of the below signed year the individual, firm, or corporation employed 10 (ten) or less employees – Exempt from E-Verify.

(PLEASE PRINT: name or person applying on behalf of Individual, business, corporation, partnership, or other private entity)

CHECK ONE (1) 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: _____

The undersigned applicant also hereby verifies that he/she is 18 years of age or older and has provided at least (1) one secure and verifiable document, as required by O.C.G.A. 50-36-1(f)(A), with this affidavit.

The secure and verifiable document provided can 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 on the _____ day of _____, 20____ in _____, _____
City State

Signature of Applicant / Agent

Printed Name of Applicant & Title of Agent

SWORN TO AND SUBSCRIBED BEFORE ME:

Notary Public / Seal