



4035 WALNUT CIRCLE / P.O. BOX 99
OAKWOOD GA 30566
770-534-2365

Business License Application

(January 1 – December 31)

Date: _____ **Please check one:** Mail (if mailed, please add and \$1.25 for postage) Pick-up

Corporation Name: _____

Business Name: _____

Type of Business: Please choose one: Corporation LLC Partnership Sole Proprietor

Business Address: _____ (**Cannot be Post Office Box**)

Mailing address if different from above: _____

Business Phone No.: _____ Fax: _____

Owner/Partner Name: _____

Owner/Partner Phone No.: _____ Owner/Partner Cell Phone No.: _____

Owner/Partner Address: _____

Owner email address: _____

Location: Commercial Home

Sales Tax Id Number: _____ FEIN Number: _____

Description of Business: _____

No. of Full-time Employees: _____ No. of Part-time Employees: _____

(Owner counts as 1)

If more than 10 employees E-Verify # (required) _____

Approve by City Clerk: _____

Renewal Amount Due: \$ _____

If mailed, postage due: \$ _____

TOTAL DUE: \$ _____

FOR OFFICE USE ONLY

Paid: Cash Check Amount: _____

Receipt/Check No.: _____

Date: ___/___/___ Issued: _____

Any persons who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact: makes a false, fictitious, or fraudulent statement or representation: or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within jurisdiction of any department or agency of state government or the government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by fine of not more than \$1,000.00 or imprisonment of not less than one nor more than five years, or both. O.C.G.A. § 16-10-20

I have read and understand the above statement of the law and by signing my name below; I attest that all the information contained in this Business License Application Form is true and correct to the best of my knowledge.

Signature **Date**

Printed Name **Title**

Notary Public * **Commission Expires**

*Notaries are available at City Hall free of charge

See below for the cost break down for your 2015 Oakwood Business License. **NOTE: If the renewal payment is not received by January 1, 2015 there will be a 1.5% penalty on the total amount due.**

Two (2) part-time employees equal one (1) full-time employee.

Worksheet for Computation of Taxes

Number of Employees	Tax Amount
1-4	\$100.00
5-7	\$175.00
8-10	\$250.00
11-15	\$324.50
16-20	\$381.50
21-27	\$447.50
28-35	\$511.50
36-50	\$610.50
51-75	749.00
76-100	\$869.00
101-150	\$1072.50
151-200	\$1249.00
201-300	\$1550.00
301-500	\$2070.00
501-1000	\$3189.00
1001 +	\$4351.00

Make Checks Payable to: **City of Oakwood**
P.O. Box 99
4035 Walnut Circle
Oakwood, GA 30566

**AFFIDAVIT FOR UNITED STATES CITIZENS
AND LEGAL PERMANENT RESIDENTS**

Instructions: As required by O.C.G.A. Section 50-36-1(d)(1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Select one of the following:

.....
A _____ I am a citizen of the United States. (Provide copy of Driver License)

B _____ A legal permanent resident 18 years of age or older. (Provide copy of ID)

C _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States.

Alien registration number for non-citizens: _____(required)

A front and back copy of one of the following documents must be attached:

- a) Valid foreign passport with I-94;
- b) Temporary resident card (I-688);
- c) Employment authorization card (I-766 or I-688A);
- d) Employment authorization document (I-688B); or
- e) Refugee travel document (I-571)

Any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in this affidavit shall be guilty of a violation of O.C.G.A. Section 16-10-20.

Sworn to and subscribed before
me this _____ day of
_____, 20____.

Signature: _____

Print Name: _____

Notary Public:

My commission expires:

(SEAL)

City of Oakwood
Private Employer E-Verify Affidavit

Under Georgia Law, employers must now 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(a). For more information please visit www.uscis.gov/everify. The CITY OF OAKWOOD will not issue initial licenses, certificates or renewals without completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a (n) _____
[*business license, occupational tax certificate, or other documents required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from the CITY OF OAKWOOD, the undersigned applicant representing the private employer known as _____ [printed name of private employer – individual, firm, or corporation] verifies one of the following with respect to my application for the above mentioned business document:

On **January 1, 2012** – the individual, firm, or corporation employs the following number of employees: (Select A, B, C, or D)

- A. _____ 500 or more employees – must comply on or after January 1, 2012**
You must provide the following information in order to receive a occupational tax certificate

Federal Work Authorization User Identification Number Date of Authorization

- B. _____ 100-499 employees – must comply on or after July 1, 2012**
You may provide the Federal Work Authorization Number or claim exemption up until July 1, 2012. This document must be completed, notarized and returned even if organization/company is exempt.

Check HERE _____ if claiming exempt, OR complete the following:

Federal Work Authorization User Identification Number Date of Authorization

- C. _____ 11-99 employees – must comply on or after July 1, 2013**
You may provide the Federal Work Authorization Number or claim exemption up until July 1, 2013. This document must be completed, notarized and returned even if organization/company is exempt.

Check HERE _____ if claiming exempt, OR complete the following:

Federal Work Authorization User Identification Number Date of Authorization

- D. _____ 10 or fewer employees – automatically exempt from participation in E-Verify program.**

Furthermore, I, as the applicant, affirmatively state 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. § 13-10-90.

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 a Title of Authorized Officer or Agent

Subscribed and sworn before me
On this the _____ Day of _____ 20__.

Notary Public
My Commission Expires: _____

Oakwood Police Department

4009 Railroad Street
Post Office Box 99
Oakwood, Georgia 30566
770-534-2364
Fax: 770-532-9885



Randall K. Moon
Chief of Police

Business Contact Worksheet

Business Information

Business Name _____
Address _____
Business Phone Number _____
Name on Business License _____

Contact Information

Contact Name #1 _____
Address _____
Phone Number _____

Contact Name #2 _____
Address _____
Phone Number _____

Contact Name #3 _____
Address _____
Phone Number _____

Alarm Company Information

Company _____
Phone Number _____



"The Proud City"