

CITY OF WHITE

CHARTERED IN 1919

P.O. Box 116, 29 W Rocky Street, White GA 30184

Ph: (770) 382-5466 Fax:(770)382-2242

<http://www.cityofwhitega.com>

BUSINESS LICENSE APPLICATION

(Completed by Office)

Data entered by: _____ Business License # _____ For Year: _____

APPLICATION FOR BUSINESS LICENSE

This application must be submitted to **WHITE CITY HALL**. The application must be filled out Completely to obtain a business license. (ALL 4 PAGES.) This application will not be processed if it is not accompanied by the appropriate tax or fee. **Please print with INK or TYPE.**

Federal Tax ID # _____ State Tax ID # _____ SS # _____

License is: () New () Renewal Type: () Corporation () Sole Proprietor () Partnership

CHANGES: () Change in Ownership – Date changed _____

() Contact information for License # _____

Owner Name _____ DOB _____

Partner Name _____ DOB _____

Phone # _____ Secondary Phone # _____

Owner's Full Address _____

Name of Business _____

Business Street Address _____

Business Mailing Address _____

Corporate Home Office Address _____

Business Phone # _____ E-mail Address _____

If you are required to be licensed by the State of Georgia, a copy of your state license must be presented with this application.

Full Description of Business _____

Date Business began in the City of White _____ # of Employees _____

Bartow County Health Dept. 770 382-1920 (only required for food services/ restaurants etc.)

100 Zena Dr., Cartersville, GA

Approval _____ Date _____

Fire Marshall (only required for new businesses.)

Approval _____ Date _____

State License # (if required by your occupation) **Attach Copy** _____

I will comply with all restrictions as outlined in the above applicable ordinances. Please see the appropriate office to obtain a copy of such ordinances.

I certify that the foregoing information is true and correct. I understand that falsification of any part of this application could cause denial or revocation of the license. I also certify this business is not a “Sexually oriented business” as that term is defined in the City of White Adult Entertainment ordinance. I understand that an occupational tax certificate does not excuse compliance with any other applicable city ordinance, does not vest rights to the operation of a business and may be revoked under the terms of the City of White occupational tax ordinance or for violations of other city ordinances or applicable laws or if the business is prohibited under other applicable ordinances or laws.

Applicant Signature _____ Title _____

Date _____

FEE SCHEDULE:

| Business Class | Number of Employees | License Fee |
|-----------------------|----------------------------|--------------------|
| Class 1 | 0-2 | \$60.00 |
| Class 2 | 3-5 | \$80.00 |
| Class 3 | 6-10 | \$125.00 |
| Class 4 | 11-25 | \$175.00 |
| Class 5 | 26-100 | \$250.00 |
| Class 6 | 101-200 | \$400.00 |
| Class 7 | 201 & Over | \$550.00 |
| Beer and Wine | | \$2000.00 |

The amounts above include an administrative fee as provided in the business license ordinance.

*** If you are interested in having your business recognized as a local White Business on our web site, please complete the following as you would like to see it listed. If you have previously elected to have your business listed and this section is left blank; then your information will be removed from our web site. Please update each year. ***

Business Name: _____

Address: _____

Business Phone: _____

Webpage: _____

Affidavit Verifying Status for City of White Public Benefit Application

By executing this affidavit under oath, as an applicant for a city of White, Georgia Business License or Occupation Tax Certificate as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application.

Name

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am 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.

Alien Registration # for non-Citizens

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 Code Section 16-10-20 of the Official code of Georgia.

I am using a _____ as my valid form of Identification.

(Approved forms of ID include but not limited to are Driver's License, or ID Card from all U.S. States, U.S. Military ID Card, U.S. Permanent Resident Card, Passport of a Foreign Government, Certificate of Citizenship, U.S. Passport, Certificate of Naturalization or Canadian Driver's License.)

Printed name

Notary Public Signature

Signature

Commission Expires

Date

Date

{Stamp}

Private Employer Affidavit

By executing this affidavit under oath as an applicant for a Business License Certificate as referenced in O.C.G.A. 36-60-6(d), from The City of White, the private employer known as :

Business name

Verify the following with respect to obtaining a Business License Certificate.

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 # (6 digits)

Date of Authorization

In making 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 _____ day of _____, 20____ in White, Georgia

Signature of Authorized Officer or Agent

Printed name Officer or Agent

Notary Public Signature

My commission expires:

{stamp}