



City of Summerville — P.O. Box 180, Summerville, GA 30747
Phone: 706-859-0900 Fax: 706-859-0845

Occupational/Business License Application

BUSINESS INFORMATION

Business

Name: _____

Owner's Name: _____ Social Security/EIN# _____

Contact Person (if different from owner's) name: _____ Contact Phone#: _____

Business Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Type of Business: _____ Georgia State License Number: _____

Number of Employees: _____ Business Hours: _____ Days Open: _____

Does business replace existing business? Yes No

If "Yes" list previous business name: _____

Previous business address: _____

ATTENTION! COMPLETED SAVE FORM WITH CLEAR COPY OF PHOTO ID IS REQUIRED WITH APPLICATION. FAILURE TO PROVIDE COMPLETED SAVE FORM AND CLEAR COPY OF PHOTO ID WILL RESULT IN AUTOMATIC REJECTION OF YOUR APPLICATION. O.C.G.A. S50-36-1(E)(2)

The City of Summerville has a Sign Ordinance. If you plan to install a new sign or make changes to an existing sign, please contact the Planning & Zoning Office at (706)978-0924.

FOR OFFICE USE ONLY

Application Date: _____ Certificate #: _____ Fee Paid: _____

Processed By: _____

Property Zoning Classification Designated by Building Inspector: _____

Property Location Meet Building Code Requirements: Yes No

Business License Approved: _____

Signature

Date

Business License Rejected: _____

Signature

Date

Reason for Rejection: _____

CITY OF SUMMERVILLE
O.C.G.A. s 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Business License, as referenced in O.C.G.A. § 50-36-1, from THE CITY OF SUMMERVILLE, the undersigned applicant verified one of the following with respect to my application for public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ 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: _____.

The undersigned applicant also hereby verified 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)(1), 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.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires: