PICKENS COUNTY, GEORGIA
APPLICATION FOR BUSINESS LICENSE

If the business involves public interaction or transaction, assembling or congregating at a specific location, or a change in occupancy you will need to contact the Fire Marshal at 706-253-8951 prior to a business license being issued.

(First you must register with the Tax Assessor's Office)

Date of Application: ____________________________

1. Name of Owner: ____________________________
   Home Address: ________________________________
   Phone Number: ______________________________

2. Name of Company: __________________________
   Service Address: ______________________________
   Mailing Address: ______________________________
   Phone Number: ________________________________ Local Contact Person: ____________________________

3. Does your line of work require state licensure under Title 43 of the Official Code of Georgia Annotated? □ Yes □ No
   **If yes, a copy of license must be attached to the application.**


5. Number of Locations for this Business: __________________________ Number of Employees __________________________

6. If more than 10 employees, provide E-Verify Number and Date Number Received: __________________________
   (Federal Work Authorization User Identification Number)

8. Date Business Began at This Location: __________________________

9. Is Food Being Prepared for Resale? □ Yes □ No If yes, food service permit must be provided.

10. Does the Company Own the Building and Real Estate? □ No □ Yes
    If No, List the Owner and His/Her Telephone Number: __________________________

  APPLICANT AGREES TO CONFORM WITH ALL LAND USE INTENSITY REGULATIONS
  Current Zoning Use: (Circle) AG SA ER RR SR UK SPC SKPC NC HB 1

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Signature of Applicant: __________________________ Date __________________________

Signature of Issuing Authority: __________________________ Date __________________________

PLEASE MAKE SURE ALL INFORMATION IS ACCURATE. THE STATE OF GEORGIA PROHIBITS FALSE STATEMENTS TO BE MADE ON THIS APPLICATION.

Fee: $100.00 Non-Refundable

Make check payable to: Pickens County

Mailing Address: 1266 East Church Street, Suite 136, Jasper, GA 30143
Affidavit Verifying Status
For a Pickens County Public Benefit Application

Please complete, notarize and return this affidavit with your license application or renewal.

By executing this affidavit under oath, as an applicant for a Pickens County, Georgia Business License, Alcohol License, or other public benefit, as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. Section 50-36-1), I am stating the following with respect to my application for a Pickens County Business License.

I hereby affirm and swear:

_______ I am a United States citizen or

OR

_______ 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 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.

Name of Business

Signature of Applicant: (name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

Printed Name

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.

NON-CITIZENS NEED TO INDICATE THE DOCUMENT BELOW THAT VERIFIES YOUR RESIDENCY STATUS AND ATTACH A COPY OF THE DOCUMENT (front and back)

☐ Machine Readable Immigrant Visa
☐ Temporary I-551 Stamp (on passport or I-94)
☐ I-94 (Arrival/Departure Record)
☐ Unexpired Foreign Passport
☐ I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
☐ DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)
☐ Other (Use Document Description)

Revised 06/04/12
Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

________________________________________
Signature of Exempt Private Employer

________________________________________
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on ______________________, _____, 20__ in Jasper, Georgia.

________________________________________
Signature of Authorized Officer or Agent

________________________________________
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF ________________, 20__.

______________________________
NOTARY PUBLIC

My Commission Expires: __________________
Dear Business Owner:

As part of our ongoing effort to ensure a safe and secure environment in which to work and shop, Pickens County Fire Rescue requires that all businesses, located within Pickens County, to have a Fire Safety inspection completed prior to the issuance of a business license.

TO SCHEDULE AN INSPECTION, CONTACT THE FIRE MARSHALS OFFICE AT 706-253-8891

Please complete the information below and have available for the inspector when the inspection is performed.

Business Name__________________________________________

Business Address________________________________________

Owners Name___________________________________________

Owners Address__________________________________________

Contact Name___________________________________________

Contact Number__________________________________________

Occupancy or Business Type_______________________________

Any Special Hazards______________________________________

At the time of the inspection, The Fire Official will provide you a copy of the inspection report to return to return to the building department.

Thank You for your support.

Shane Callahan, Fire marshal