

PLEASE FILL OUT FORM COMPLETELY

**CITY OF ROYSTON
BUSINESS/OCCUPATION TAX
GENERAL ACCOUNT INFORMATION**

1. **BUSINESS NAME** _____

2. **BUSINESS LOCATION** _____

3. **MAILING ADDRESS** _____

City	State	Zip	Business Phone #
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4. **EMAIL ADDRESS:** _____

5. **CORPORATE NAME AND ADDRESS (if different than item 1):**

6. **OWNER (S) NAME:** _____

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY/FEDERAL ID#/STATE ID# _____

PLEASE CIRCLE ONE OF THE ABOVE & INSERT NUMBER

6. **DOMINANT LINE OF BUSINESS** _____

7. **NUMBER OF EMPLOYEES:** ___ 0-1 Employees ___ 2-5 Employees
___ 6-10 Employees ___ 11-25 Employees ___ Over 25 Employees

Name of person filling out form (please print) _____

Phone Number to call for any questions _____

Signature _____ Date: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN OWNER)

NAME _____ PHONE # _____

2ND CONTACT _____ PHONE # _____

Approved By _____

Code Enforcement Officer

OFFICE USE ONLY

GROUP/SIC CODE _____

Affidavit Verifying Status for
City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Royston, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Royston, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____ . (Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1) _____ I am a United States citizen

OR

2) _____ 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.

Signature of Applicant

Print Name

Date

*

Alien Registration # for non-citizens

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. Qualified aliens that do not have an alien registration number may supply another identifying number below:
