

# CITY OF MAYSVILLE

## BUSINESS/OCCUPATION TAX (BUSINESS LICENSE) NEW BUSINESS

OFFICE USE ONLY:

Account No.:

SIC Code:

Business Trade Name: \_\_\_\_\_

Business Address

Location: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

DBA: \_\_\_\_\_

Corp. Name & Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

(THIS PERSON'S NAME WILL APPEAR ON THE LICENSE)

Emergency Contact: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

(For Police & Fire Use)

Mailing Address

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Owner's Address

Name

Address

City

State

ZIP

Are you a U.S. Citizen? \_\_\_\_\_

Yes

\_\_\_\_\_

No

Dominant Line of Business: \_\_\_\_\_

(WHAT DO YOU DO OR WHAT SERVICE DO YOU PROVIDE?)

\_\_\_\_\_ Partnership

\_\_\_\_\_ Sole Ownership

\_\_\_\_\_ Georgia Corporation

\_\_\_\_\_ Other State Corporation

Date Opened: \_\_\_\_\_

Georgia Sales Tax No: \_\_\_\_\_

Home Business: \_\_\_\_\_

Yes

\_\_\_\_\_

No

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Affidavit  
Verifying Status for City Public Benefit

By executing this affidavit under oath, as an applicant for a City of Maysville, Georgia Business License or Occupation Tax Certificate, 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 Maysville, Business License or Georgia Occupational Tax Certificate 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: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

E-Verify Number \_\_\_\_\_

**SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE**

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ \* \_\_\_\_\_  
Alien Registration number for non-citizens

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 :  
\_\_\_\_\_