

The City of Mount Vernon

Mount Vernon, Georgia

Joey B. Fountain
Mayor



Jennifer Sikes
City Clerk

CITY OF MOUNT VERNON OCCUPATIONAL TAX APPLICATION and INFORMATION

Please print clearly or type. Licenses are \$50.00. ALL information is required before license will be issued. Accompanying affidavits must be filled out and turned in with form. Any changes will result in a \$25.00 fee.

*Business Legal Name: _____

DBA Name: _____

*Mailing Address: _____

*Physical Address: _____

*Sales/Use Tax Id #: _____ *Fed Id/SS#: _____

NAIC Code: _____ www.naics.com/search

NAIC Code **must** be submitted before license is released

E-Verify #: _____ E-Verify Authorization Date: _____

If exempt from E-Verify please fill out the exempt form <https://www.e-verify.gov/> Number of Workers: _____

Owner/Officer 1 Name: _____

Owner/Officer 2 Name: _____

Best Contact Phone Number for Business: _____

Email: _____

Website (if applicable): _____

Type of Business: _____

Before any municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented. O.C.G.A. § 36-60-6(a)

Signature of Owner/Manager

Date

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**AFFIDAVIT VERIFYING STATUS FOR
CITY OF MOUNT VERNON BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Mount Vernon, Montgomery County, Georgia, Occupation Tax Certificate, Alcohol License, Contract, or other public benefit as referenced in 8 U.S.C. Section 1621 and O.C.G.A. Section 50-36-2, I am aware that the City of Mount Vernon will rely on the statements contained herein. With respect to my application for a City of Mount Vernon, Montgomery County, Georgia, Occupation Tax Certificate, Alcohol License, Contract, or other public benefit for, I swear or affirm

[Name of natural person applying on behalf of individual, business, corporation, Partnership or other private entity]

[Name of business, corporation, partnership]

- 1) ____ I am a natural United States Citizen, or
- 2) ____ I am a legal permanent resident of the United States, or
- 3) ____ 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*

****All applicants must provide documentation as proof of citizenship; see below for all approved documentation****

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 of Applicant:

Alien Registration number

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 definitions 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:

**Approved documentation: I-327; I-551; I-571; I-688; I-688A; I-688b; I-766; Certificate of Citizenship; Natural Certificate; Machine Readable Immigrant Visa; Temporary I-551 Stamp; I-94; Unexpired Foreign Passport; I-20; DS2019; drivers license for natural United States Citizen.

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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 ten (10) or fewer employees and 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. § 36-60-6.

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 _____ (city), _____ (state).

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

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to January 1, 2014.