



TIFT COUNTY
Development Support Services
225 D North Tift Avenue
Tifton, Georgia 31794
P.O. Box 87
Tifton, Ga. 31793

Building Inspection (229) 386-7961
Permits (229) 386-7961
Code Enforcement (229) 386-7991
Zoning Department (229) 386-7965
Fax Number (229) 386-7964

Business Registration Application
(Please Print)
All Fields **REQUIRED**

Business Name _____

Owner Name _____

Business Location _____

Phone # to include area code _____ cell _____

E-Mail _____

Type or description of Business _____

Number of Employees: (**Required**) _____

SIC # (if known) _____

The Business Registration Fee is \$45.00. The License is good July 1st thru June 30th. Late fees apply after August 31st. Certain State Licensed applicants are exempt from the fee But must provide proof of State License and fill out this application . State License # _____

Applicant signature _____

Print Name _____ Date _____ - _____ 20 _____



TIFTCOUNTY
DEVELOPMENT SUPPORT SERVICES
225D NORTH TIFT AVE
TIFTON, GA 31794

O.C.G.A. § 58-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a Business registration license as referenced in O.C.G.A, § 50-36-1, from Tift County Georgia, the undersigned applicant verifies one of the following with respect to my application for a 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 verifies 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) (2), 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 _____, 20 _____

NOTARY PUBLIC _____

My Commission Expires _____

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from _____ [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012, and June 30, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the ___ date of _____, 201___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 201___.

NOTARY PUBLIC

My Commission Expires:
