



CITY OF ADAIRSVILLE PEDDLERS LICENSE

Applicant _____ Phone _____

Name of Business _____ Address _____

Description of business to be conducted _____

Length of time for which the right to do business is desired _____

If a vehicle is to be used, a description of it, together with license number or other means of identification _____

If the business is a firework stand, the fire marshal's signature is required to acknowledge that the business has been issued county fire and rescue fireworks stand permit.

Have you the applicant, or anyone having any ownership of this business ever been convicted of the offense of receiving stolen goods or burglary or robbery? Yes ___ No ___

- **City of Adairsville: ZONING** Property Zoned: _____
Approval: _____ Date: _____
- **City of Adairsville: LETTER FROM PROPERTY OWNER**
Approval: _____ Date: _____
- **Bartow County Fire Marshal (ONLY REQUIRED FOR FIREWORK STAND)**
Approval: _____ Date: _____
- **Bartow County Health Department (ONLY REQUIRED FOR FOOD SERVICES/RESTAURANTS/ETC)**
Approval: _____ Date: _____
- **FINAL INSPECTION City of Adairsville: Code Enforcement**
Approval: _____ Date: _____

I certify the above information is true and correct and contain no false or fraudulent information. In addition, I understand my business location must conform to all City of Adairsville Ordinances, Rules and Regulations. Furthermore, I understand non-compliance with any City of Adairsville Ordinance, Rule and Regulation will result in non-renewal of Business/Occupation Certificate for this business.

Signature of Applicant _____ **Date** _____

By executing this affidavit under oath, as an applicant for the City of Adairsville, Georgia Business License as referenced in O.C.G.A. § 50-36-1, from the undersigned applicant verifies one of the following with respect to my application for public benefit:

1. _____ I am a United State citizen
2. _____ I am a legal permanent resident of the United States
3. _____ I am a qualified alien or non-immigrant under Federal Immigration and Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant also hereby verifies that her or she is 18 years or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

Please write driver's license number at the bottom of this form if number 1 is checked.

A copy of one of the following cards must be attached if numbers 2 or 3 are checked:

Permanent Resident, Employment Authorization Document, US Passport, US military ID, or a Certificate of Citizenship.

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.

Signature of Applicant: _____ Date: _____

Printed Name: _____ Driver's License Number: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____ NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

2014 Private Employer E-verify affidavit

**** THIS FORM IS REQUIRED BY STATE LAW ****

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, from the CITY OF ADAIRSVILLE, the undersigned applicant representing the private employer known as _____ [printed name of private Employer—individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:

The individual, firm, or corporation employs the following number of employees: (Select A or B)

A _____ 11 or more employees You must provide the following information in order to receive an occupational tax certificate

B _____ 10 or fewer employees – automatically exempt from participation in E-Verify Program.

Furthermore, I, as the applicant, affirmatively state that 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.

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 statue. Executed on the _____ Date of _____, 20_____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

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

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC My Commission Expires: _____

