Occupational Tax and Business License Application Form

(Please type or Print Information on This Form)

	Date		
Business Name	ag _{uni} ngalaga jama a gitasa watan sang-dajawa nafati san Ang-laji mangina sanon na dalam pigaja, sa	erretary that the set of the set	
Street Address			
Mailing Address (If Different	from Street Addre	ss)	Adagan puntuk di sahari sahadi aka gapat ili manga meretinapan dariptega di selebing di dipuncabak kere
City	State	111	Zip Code
Telephone Number	utro da yana era sariga minari sari yika da da manini da da da da minina ku da da da ka da baga	Fax Number	
Type of Business			
Applicant/Owner(s) of Busine	SS		
Owner(s) Address	geografiakan rashmir di secentri yaratsa sirkin di hekende pengalikin kenenggan katalan man	and the section of th	en den met de ste d
City	State	49000 min (1940) da kanada mada mada mada mada mada mada mada	Zip Code
Phone Number	Birthdate	Owner(s) Social S	Security Number
ederal ID Number	# of Emple	yees Date Busi	ness Opened
•	NOT WRITE IN	THIS BOX	
FEE ASSESSED			
DATE			
CLERK'S SIGNATURE	North contents of the section of the	ZOMNIC I NA CONTRACTOR	- CADIC CYCOLI COLI
TO SEE SEE SEE SEE AND A TO LOUIS BY		ZONING ADMINISTR	TOTT & VEHI RED RELEA

Affidavit Verifying Status

For County Public Benefit Application

By executing this affidavit under oath, as an approximation Tax Certificate, Alcohol License, Taxi P O.C.G.A. Section 50-36-1, I am stating the following County Business Occupation Tax Certificate, Alcohol (circle one) for	ermit or other public benefit as referenced in g with respect to my application for a Brooks of License, Taxi Permit or other public benefit
1) I am a United States citizen	
OR	
2) I am a legal permanent resident qualified alien or non-immigrant under the Federa age or older and lawfully present in the United Sta	18 years of age or older or I am an otherwise all Immigration and Nationality Act 18 years of tes.*
In making the above representation under oath, and willfully makes a false, fictitious, or frauduler shall be guilty of a violation of Code Section 16-10-	it statement or representation in an affidavit
	Signature of Applicant: Date
	Printed Name:
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF, 20	*
Notary Public My Commission Expires:	Alien Registration Number for Non-Citizens
*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under U.S.C., as amended, provide their alien registration number the Federal definition of "alien", legal permanent resident Qualified aliens do not have an alien registration number ma	. Because legal permanent residents are included in