



Coweta County, Georgia Regulatory Permit Application

New Applications All forms must be filled out completely, including mailing and business addresses and all available phone/fax/email information. Currently we do not accept applications by mail. (\$75.00)

Type of Business

- (1) Carnival
- (2) Taxicab/Limousine Operator
- (3) Tattoo Artist
- (4) Stable
- (5) Shooting Gallery
- (6) Scrap Metal Processor
- (7) Pawnbroker
- (8) Food Service Establishment
- (9) Precious Metals Dealer
- (10) Peddler
- (11) Parking Lot
- (12) Nursing/Personal Care Home
- (13) Newspaper Vending Boxes
- (14) Modeling Agency
- (15) Massage Parlor
- (16) Auto/Motorcycle Racing
- (17) Boardinghouse
- (18) Businesses which provide appearance bonds
- (19) Boxing/Wrestler Promoter
- (20) Hotel/Motel
- (21) Hypnotist
- (22) Handwriting Analyst
- (23) Health Club/Gym/Spa
- (24) Fortuneteller
- (25) Escort Service
- (26) Burglar/Fire Alarm Installer
- (27) Locksmith

The following must be checked off and included with the original, signed application:

- Pg. 2 - Completed Application
- Pg. 3 - Notarized - Public Benefit Affidavit O.C.G.A. § 50-36-1(e) (2)
- Copy of owner’s driver’s license
- Copy of current business license

Copies of the following must be checked off and provided if applicable to the license being issued:

- State License (if required by the State of Georgia)
- Health Inspection Certificate (Health Dept. 770-254-7422)
- Incorporation Letter
- Dept. of Agriculture Inspection (404-656-3645)
- Pg. 4 – Quality Corridor Map (Peddler’s)
- Pg. 5 - Georgia Bureau of Investigation / Georgia Crime Information Center Consent Form

Contact Information:

Business License Information
Zoning Department

Joy Thompson
Ben Sewell / Teresa Crow

770-254-2626
770-254-2635

Regulatory Application

Please Fill In All Information COMPLETELY
Please Type or Print With Ball Point Pen

CALENDAR YEAR _____
PENALTY FOR FAILURE TO FILE RENEWAL BY APRIL 15th EACH YEAR

BUSINESS NAME:		BUSINESS LOCATION STREET ADDRESS and ZIPCODE (Not PO Box)		BUSINESS DESCRIPTION:
MAILING/CONTACT INFORMATION FOR BUSINESS →	ATTENTION:	BUSINESS MAILING ADDRESS, CITY, STATE, ZIPCODE (if different)		BUSINESS PHONE #
	BUSINESS FAX #	BUSINESS WEB ADDRESS		EMAIL
ADDITIONAL CONTACT →				
LICENSEE TYPE: CHECK ONE →	<input type="checkbox"/> PARTNERSHIP	PRINCIPAL OFFICE AND CORPORATE NAME	STREET OR PO BOX	CITY, STATE, ZIPCODE
	<input type="checkbox"/> SOLE OWNER			
	<input type="checkbox"/> INC			
	<input type="checkbox"/> LLC			
	<input type="checkbox"/> OTHER			
	FULL NAME	STREET	CITY	STATE, ZIPCODE
	DRIVERS LICENSE NUMBER	RACE	SEX	DATE OF BIRTH
	BUSINESS LICENSE NUMBER	ISSUED BY	EXPIRES	NAICS CODE

In Accordance with the business ordinance, Coweta County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and that the information contained in these documents are true, correct and complete. I hereby make application for an Occupational Tax Certificate to conduct the above-described business in the County. I understand that approval must be obtained from the departments having the authority prior to issuance of the certificate. By signature below, I do solemnly swear, subject to criminal penalties for false swearing, that information contained in the application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

Owner's Signature _____

Date: _____

O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) other public benefit (Business/Alcohol License), as referenced in O.C.G.A. § 50-36-1, from Coweta County, 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) (1), 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 Newnan, Georgia.

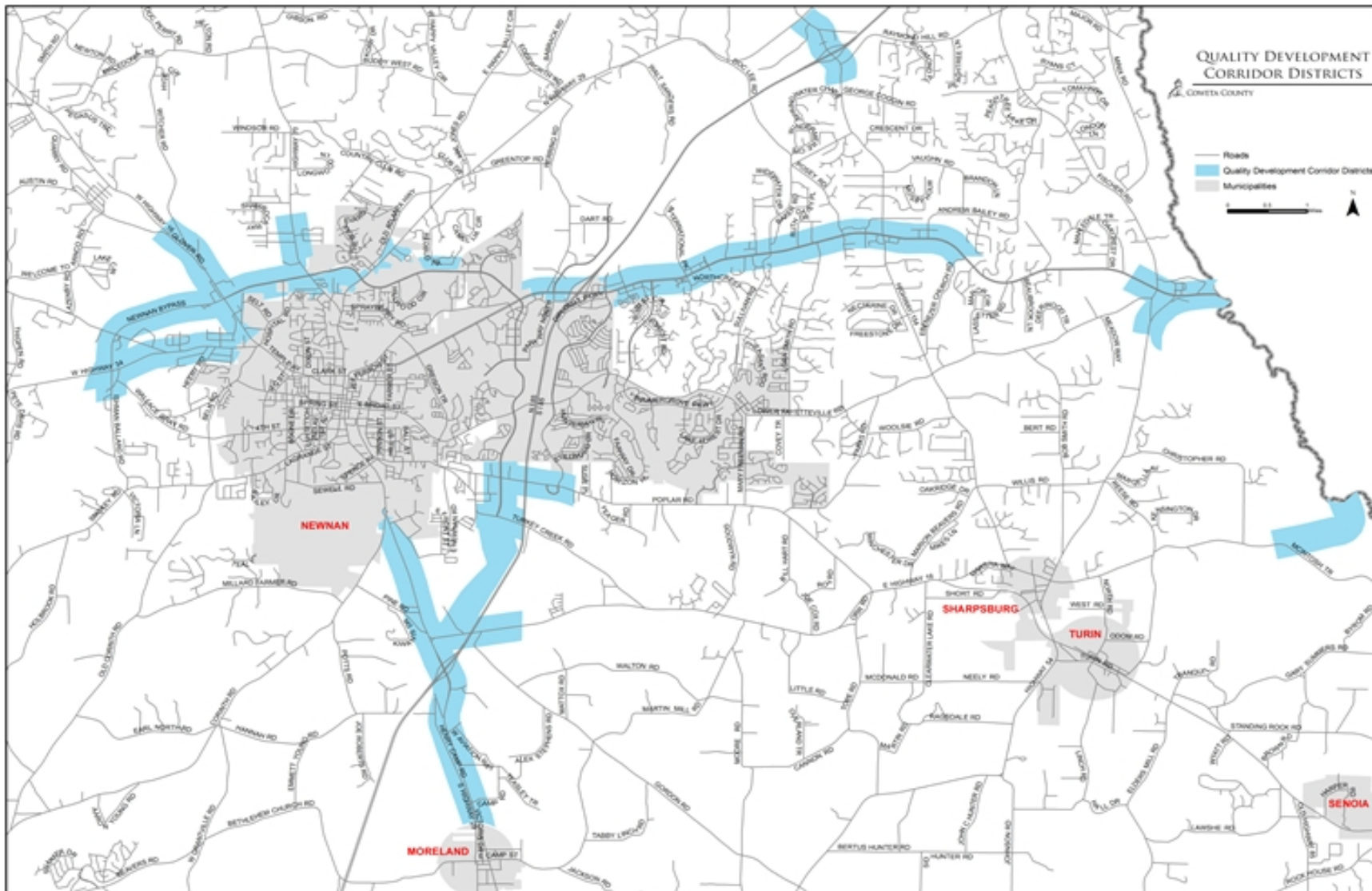
Signature of Applicant

Printed Name of Applicant

Printed Name of Business

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

NOTARY PUBLIC
My Commission Expires: _____



I understand the guidelines of the Quality Corridor and have received a copy of the above map.

Signature

Date

Georgia Bureau of Investigation / Georgia Crime Information Center Consent Form

I hereby authorize Joy Thompson / Coweta County Business Tax Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

LAST FIRST MIDDLE MAIDEN

ADDRESS CITY STATE ZIP CODE

SEX RACE / /
DATE OF BIRTH SOCIAL SECURITY NUMBER

SIGNATURE DATE

BUSINESS NAME REASON

Special employment provisions (check if applicable - separate form must be submitted for each code)

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

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

One of the following must be checked:

NOTARY PUBLIC
My Commission Expires: _____

- This authorization is valid for 180 days from date of signature.

I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company. (The requesting company and/or person will be charged each time the background check is completed.)

NOTARY STAMP