

City of Camilla
P.O. Box 328
Camilla, Georgia 31730



Phone: (229) 336-2207
Fax: (229) 330-2230
www.camillaga.net

NAICS Code: _____

License Year: 2024

REGULATORY CERTIFICATE APPLICATION

1. **NAME OF BUSINESS:** _____
2. **DOING BUSINESS AS** (if applicable): _____
3. **BUSINESS TYPE:** _____
4. **BUSINESS LOCATION:** _____

5. **MAILING/BILLING ADDRESS:** _____

6. **FEDERAL/STATE TAX IDENTIFICATION NUMBER:** _____
7. **SOCIAL SECURITY NUMBER** (if applicable): _____
8. **NUMBER OF EMPLOYEES:** _____ (10 or more employees requires E-Verification Number – Complete attached supplemental form)
9. **BUSINESS PHONE NUMBER:** _____
10. **BUSINESS FAX NUMBER:** _____
11. **BUSINESS EMAIL ADDRESS:** _____
12. **OWNER NAME:** _____
13. **PHYSICAL ADDRESS:** _____

14. **CELL NUMBER:** _____
15. **OWNER EMAIL ADDRESS:** _____
16. **MANAGER'S NAME:** _____
17. **PHONE NUMBER:** _____

I CERTIFY I HAVE EXAMINED THE INFORMATION CONTAINED IN THIS APPLICATION AND IT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND PROOF OF INCORPORATION OR LIMITED LIABILITY COMPANY DESIGNATION IS REQUIRED (IF APPLICABLE).

APPLICANT SIGNATURE

DATE

Attach required information below if applicable:

- Beauty/Barber Shop/Nail Salon/Day Care/Personal Care Home – Copy of State License
- Proof of Workmen's Compensation Insurance – May be required for businesses with 3 or more employees
- Restaurant/Quick Food services – Copy of Health Department Food Service Permit
- General Contractor/HVAC/Electrical/Plumbing – Copy of State License & Proof of \$100,000 Liability Insurance
- Pest Control – Copy of State License and Proof of \$100,000 Liability Insurance
- Grocery/Convenience Store – Copy of USDA Permit
- Pawn Broker - \$25,000 Bond (See Section 9-3-25)
- Tree Service – Proof of Liability Insurance

APPLICATION AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT (SAVE) O.C.G.A. 50-36-1 AND PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

By executing this affidavit under oath as an applicant for:

Regulatory certificate

Alcohol license

Other document required to operate a business as referenced in O.C.G.A. 36-60-6(d), O.C.G.A. 50-36-1 from the City of Camilla, the undersigned applicant representing the private employer known as:

(Printed name of business/private employer)

On January 1st of the below signed year the individual, firm, or corporation employed **10 or more employees**
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 attests that their E-Verify number and date of authorization are listed below:

E-Verification #

Date of Authorization

On January 1st of the below signed year the individual, firm, or corporation employed **9 or less employees**
(exempt from E-Verify)

PLEASE PRINT:

Name of person applying on behalf of individual, business, corporation, partnership, or other private entity

I am a United States Citizen OR

I am a legal permanent resident 18 years of age or older or I am a 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

If applicable provide Alien Registration Number: _____

In making the above representation under oath I understand any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A. 16-10-20 and face criminal penalties allowed by such statute.

Executed this _____ day of _____, 20____ in _____, _____
City State

Signature of Applicant/Agent

Printed name of Applicant and Title of Agent

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

Notary Public

My Commission Expires

[SEAL]