



TIFT COUNTY DEVELOPMENT SUPPORT SERVICES

225 NORTH TIFT AVE, Building D
TIFTON, GA 31794

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) _____

The Business Registration fee 0-5 Employees- \$115.00

6-9 Employees- \$140.00

Over 10 Employees- \$215.00

The License is good July 1st thru June 30th and late fees **WILL BE DOUBLED on JULY 1st.**

Applicant signature _____

Print Name _____ Date _____ 20____

P.O.BOX 87
TIFTON, GA 31793-0087
PHONE: 229-386-7961
FAX: 229-386-7964



**TIFT COUNTY
DEVELOPMENT SUPPORT SERVICES**

225 NORTH TIFT AVE, ROOM 201
TIFTON, GA 31794

O.C.G.A. § 50-36-1 (c) (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 (c) (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 ___, 202___

NOTARY PUBLIC

My Commission Expires: