

CRAWFOR COUNTY PLANNING & ZONING
PO BOX 1054
ROBERTA, GA. 31078

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E-MAIL: planningandzoning@crawfordcountyga.org

TO THE ZONING OFFICER IN AND FOR THE COUNTY OF CRAWFORD:

The undersigned requests the issuance of a county business license for the calander year _____.
In connection with the foregoing application, the following information is furnished.

1. Name of Applicant: _____ Property Owner: _____
2. Name of Business: _____ Number of Employees: _____
3. Physical Address of Business: _____
4. Physical Address of Applicant: _____
5. **PREFERRED MAILING ADDRESS:** _____
6. Nature of Business: _____

7. Describe in detail the type of work to be conducted in this business: _____
8. Federal Tax ID #, if required: _____
9. Telephone Number: Cell _____ Business: _____
10. Business EMAIL Address: _____
11. Start Date of this business: _____
12. State License #: _____ (PLEASE SUBMIT A COPY OF STATE LICENSE, IF APPLICABLE)

PLEASE CHECK IF NO LONGER IN BUSINESS
(NOTE: PLEASE FILL OUT THE APPLICATION, PRINT & SIGN
YOUR NAME, EVEN IF YOU ARE NO LONGER IN BUSINESS)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY. I FURTHER CERTIFY THAT I AM RESPONSIBLE FOR THE OPERATION OF THE ABOVE BUSINESS AND THAT I AM FAMILIAR WITH THE COUNTY ORDINANCES GOVERNING THE SAME.

Applicant's Name (PRINTED) _____

Applicant's Signature _____ **Date** _____

Office Use Only		
Map # _____	Parcel # _____	Property Zone _____
License Number: _____	License Fee Paid: _____	
Zoning Administrator _____	Date _____	

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, or Other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d) from _____ [Name of county of 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:

Please Check One

- 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 (A) please fill out the Section below.

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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

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 _____, ___, 201___ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201___.

NOTARY PUBLIC

My Commission Expires:
