

Mayor
Barbara Mathis

City Clerk
Cenlya Galloway

City Manager
Richard H. Stancil

City Attorney
Stephanie W. McConnell

City of Hiawassee
"ON BEAUTIFUL LAKE CHATUGE"

50 River Street
Hiawassee, GA 30546

Phone (706) 896-2202
Fax (706) 896-4991

Council

Stephen H. Smith
Jay Chastain, Jr.
Kris Berrong
Anne Mitchell
Liz Ordiales

**2016 Business License Application
(Occupational Tax Certificate)**

- Instructions:
- a. Complete this form.
 - b. Make check payable to "City of Hiawassee" for the amount shown on Line 8.
 - c. Place check and this form in envelope.
 - d. Affix stamp to pre-printed envelope and mail to the City of Hiawassee.

1. Account / License #: **[City will assign]**

2. Business Name: _____

3. Business Address: _____

4. Telephone #: _____

5. Contact Person (24hr): _____

6. Contact Phone #: _____

7. Annual Fee: \$100.00; if paid after February 15, 2016, \$125.00; and if paid after March 15, 2016, \$150.00. Businesses may be closed if Tax is not paid by July 1.

8. Total fee paid.....\$ _____

All applicants must complete the Private Employer Affidavit of Compliance pursuant to O.C.G.A. § 36-60-6(d). Contact citymanager@hiawassee.ga.gov with any questions.

Staff Use Only:

Date Received: _____ Follow-up _____

Amount Received: _____ Comment _____

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d).

- Instructions: a) complete Form 'A' or Form 'B'; and
b) Have notary complete bottom of form

FORM 'A'

- Employs 100 or more (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 100 employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby 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: _____
Name of Private Employer: _____

FORM 'B'

- Employs fewer than 100 (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 100 employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

I hereby declare under penalty of perjury that the foregoing is true and correct.

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 _____, 20___. (City Seal)