

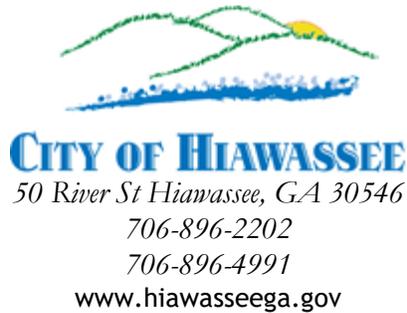
Mayor
Liz Ordiales

City Clerk
Bonnie Kendrick

Court Clerk
Jennifer E. Garner

City Attorney
Thomas A. Mitchell

Economic Development
Director
Denise McKay



City Council
Amy Barrett
Jay Chastain
Anne Mitchell-MPT
Nancy Noblet
Patsy Owens

Building Inspector
Randy Day

Chief of Police
Paul Smith

January 1, 2020

Dear Business Owner—

Thank You for your continued support of our City. We have made great strides this year and plan to continue our momentum going forward into 2020 and beyond.

As part of the business license process, based on the Official Code of Georgia 36-60-6(c), if your business requires that you have a license issued by the State, the City is required to collect copies of that license before issuing a business license. The code reads as follows:

(a) Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented.

Enclosed are the business license application and the employee affidavit. Please return all forms completely filled out and a copy of your license perform services under state law if your business requires such licensure. This process is new but must be followed in order to be State law compliant.

Looking forward to a prosperous and wonderful 2020!

Regards-

Liz Ordiales
Mayor



2020 Business License Application (Occupational Tax Certificate)

- Instructions:
- a. *Please Complete this form completely.*
 - b. *Make check payable to "City of Hiawasse" for the amount shown on Line 9.*
 - c. *Place return both completed forms & payment to address above*

1. **Business Name:** _____

2. **Business Address:** _____

Mailing Address (If Different): _____

3. **Business Telephone #:** _____

4. **NAICS Code: (North American Industry Classification System)** _____

You can search for the code here: <https://www.naics.com/search/>

5. **Website**, we will provide a free link from City Website if provided:

Heading to be listed under: _____

6. **Emergency Contact Name & Number (24hr):** _____

7. **Email address:** _____

8. **Please provide a brief description of business activities** _____

9. **In business since (year):** _____

10. Permit Fee: **\$100.00 Please submit payment by December 31st, 2019**

After 1/15/20 -\$125.00 Subject to closure and additional penalty after 1/31/2020
New Businesses: \$100.00

Amount paid _____



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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

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:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Executed on _____, 202_____ 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 _____, 202_____.

NOTARY PUBLIC
My Commission Expires: _____

1 To determine the number of employees for purposes of this affidavit, a business must count its total number of employee's company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

