



Received Date: _____

Acct.# _____

Renewal Tax-Exempt Organization Application

TAX EXEMPT /NON-PROFIT INFORATION UPDATE—This page must be completed in full for processing purposes.

Organization Name & Contact Information

Organization Corporation Name:

Organization/ DBA:

Organization Location Address:

Suite/Unit/Apt: City/State/Zip Code:

Organization Locations: Phone: Fax:

E-mail Address:

Business Mailing Address If Different From Location Address:

Suite/Unit/Apt: City/State/Zip Code:

Corporation Contact Information

Corporate Contact Name:

Corporate Contact Address:

Suite/Unit/Apt: City/State/Zip Code:

Phone: Cell: Email:

Registered Agent Name:

Phone: Cell: Email:

Additional Required Information

Federal ID (FEIN) or SSN (if Used As Tax ID): NAICS Code:

Number of Members/ Employees:

Is State License required by State of Georgia. (If yes please submit a copy) Yes No

Application Checklist: (Applicant please check as each item is completed and attached to application)

Completed application with all contact and additional requested information

Copy of 501c3 letter or Veteran's Certificate of Exemption (if applicable)

Copy of non-profit paper along with officers information (if applicable)

Copy of State of Georgia I. D

Copy of front and back of Alien Registration card for non-citizens

Private Employer and Public Benefit Affidavits (can notarized if signed in our presence)

Signature of Applicant: Date:

Office Use Only

Property Taxes Due YES NO \$ Conf. By:

Sanitation Service Not Set-up or Past Due YES NO \$ Conf. By:

Multifamily Dwelling Inspection reports YES NO Must have Bldg. Insp. Approval before releasing permits Conf. By:

Attached Documents (please circle): State License Picture I.D. SAVE Affidavit Private Employer Affidavit

City Official Signature/Date: _____

2nd Reviewer initials/Date: _____

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for City of Riverdale, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Riverdale

Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one)

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

[Name of business]

1) _____ I am a United States citizen.

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise 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.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date _____

Printed Name: _____

_____ Alien Registration number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20__

Notary Public Signature: _____

My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

E-VERIFY AFFIDAVIT

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

*** If the employer selected Section 1(A), please fill out Section 2 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

Business Name or 4 digit Account No.

Federal Work Authorization User Identification Number
(Also called E-verify#, usually 4-6 digits)

Date of Authorization

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 _____, 201____.

NOTARY PUBLIC: _____

My Commission Expires: _____