



NEW BUSINESS APPLICATION

Date Received: \_\_\_\_\_

Acct. #: \_\_\_\_\_

Review: Doing Business Guide to assist in completing application.

\$75.00 Non-refundable administrative fee must accompany this application
Payment Types: Cash, Check, Visa, MasterCard, Discover and American Express
TYPE OF PRINT CLEARLY IN BLACK OR BLUE INK ONLY

Business Name & Contact Information

Circle Business Location Type: Commercial Residential Contractor Booth Rental Other.....

Circle Business Ownership Type: Sole Proprietor Partnership Corporation Tax Exempt Other: .....

Business/Corporation Name:

Doing Business As Name:

Business Location Address:

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

Phone: Other # or Fax:

E-mail Address:

Business Mailing Address If Different From Location Address:

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

Business Contact Name: Phone:

Business Owner/Partner/CEO/CFO/President

Name: Title (President/Owner/Partner/CEO)

Address:

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

Phone: Cell: Email:

Additional Required Information

Federal ID (FEIN) or SSN (If Used As Tax ID):

Estimated Gross Receipts For Current Year \$ Number of Employees:

Emergency/Additional Contact (Other Than Owner)

Name:

Address:

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

Phone: Cell: Email:

Property Owner or Manager/Landlord

Name:

Address:

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

Phone: Cell: Email:

Signature:

IMPORTANT INFORMATION

BUSINESS SIGNS, CONSTRUCTION OR RENOVATIONS

All outdoor / exterior advertising signs and construction or renovations of the building may require a permit approved by the Permitting Division. CONTACT PERMITTING at (770) 909-5486.

No person shall knowingly or intentionally misrepresent to any employee of the City any material fact in procuring an occupational/business tax permit. Any person violating the governing of an occupational tax fee, business regulatory fee or corresponding fees is subject to misdemeanor charges.

It shall be the duty of the management of the premises licensed under Chapters; 10, 22, 62, 66, 68 and 70 to maintain a copy of these regulations on such premises and to instruct each and every owner/employee of the terms thereof.

All persons shall exhibit and display all licenses and registrations issued to them under this section in some conspicuous place in their business establishment at which address the license or registration was issued. Each person subject to any special or occupation tax who is also licensed by the state shall post the state license in a conspicuous place in the licensee's place of business and shall keep the license there at all times while the license remains valid.

Any business that is required to obtain health permits, bonds, certificates of qualification, certificates of competency or any other regulatory matter shall show evidence of qualification. Any business which is required to submit an annual application for continuance of that business shall do so before the tax receipt is issued.

It shall be the duty of any person holding an occupation tax permit from the City to secure, preserve, maintain and keep for a period of three years the records and documents enumerated and referred to above.

I hereby certify under penalty of perjury that the information provided herein on the pages of the business application is to the best of my knowledge and belief, a true and complete statement. I understand that this is not a business permit and that no business activity may commence until a certificate of occupancy is issued.

If your business cease operation you MUST notify the City Business Services Division @ (770) 909-5482.

X \_\_\_\_\_  
 Signature Title (Owner/CEO/Manager etc.) Date

OFFICE USE ONLY			OFFICE USE ONLY		
Occupational Fee or Professional Fee			\$		
Business Regulatory Fee			\$		
COOI			\$		
TOTAL PAID			\$		
Outstanding Property Taxes	YES	NO	\$		
Sanitation Service Set-up	YES	NO			
NAICS Code (s)					
Multi-family Dwelling Inspection reports	YES	NO	Notify Bldg. Insp: new Multi-family. Notified: YES NO		
Business Permits By & Date Approved					
Business Permits By & Date Issued (Keep copies of COOI & Business Permit with file)					

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 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 ten (10) or fewer employees.

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

Section 2. Please check only one:

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
( Also called E-verify#, usually 4-6 digits)
Date of Authorization

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, 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.

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.

Alien Registration number for non-citizens

Signature of Applicant: Date

Printed Name: / Business Name:

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 Here:

**Zoning Detailed Q&A with Floor Plan Description of Business**

**All questions below MUST be COMPLETE IN DETAIL**

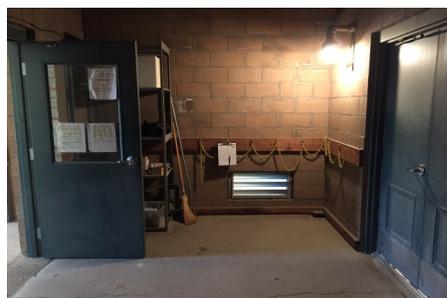
Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. What is the nature of your business operations? (Business Type - Restaurant, Grocery, Retail etc.)?
2. What type of products/services is your business offering? Note: Multiple items or services are to be listed separately and may require the submission of additional applications.
  - a.
  - b.
  - c.
  - d.
3. How do you market these products/services?
4. List the days and hours of operation for each business activity.
5. Are you leasing or do you own the property where your business is operating from?
6. Does your business have any Coin Operated Amusement Machines?
7. Does your business sale or serve any type of alcoholic beverages?
8. Do you plan to have a business sign? \_\_\_\_\_ If yes, contact permitting at (770) 909-5486.
9. Do you plan to do any structure changes, additions or building? \_\_\_\_\_ If yes, contact permitting at (770) 909-5486.
10. Provide pictures of the inside structure of your business location (**Show the existing space**). See example below.







Must be completed by ALL commercial business locations

Raymond T. Spivey  
Chief of Police



1. Business name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Business owner/manager's name and contact:
  - Name: \_\_\_\_\_
  - Business phone number: \_\_\_\_\_
  - Cell phone number: \_\_\_\_\_
4. Business after hours/emergency contact:
  - Name: \_\_\_\_\_
  - Cell phone number: \_\_\_\_\_
5. Number of private security personnel employed: \_\_\_\_\_
6. Private security personnel schedule:
  - Sunday: Number of security personnel \_\_\_\_\_  
 Scheduled time frame: \_\_\_\_\_ (AM/PM)
  - Monday: Number of security personnel \_\_\_\_\_  
 Scheduled time frame: \_\_\_\_\_ (AM/PM)
  - Tuesday: Number of security personnel \_\_\_\_\_  
 Scheduled time frame: \_\_\_\_\_ (AM/PM)
  - Wednesday: Number of security personnel \_\_\_\_\_  
 Scheduled time frame: \_\_\_\_\_ (AM/PM)
  - Thursday: Number of security personnel \_\_\_\_\_  
 Scheduled time frame: \_\_\_\_\_ (AM/PM)
  - Friday: Number of security personnel \_\_\_\_\_  
 Scheduled time frame: \_\_\_\_\_ (AM/PM)
  - Saturday: Number of security personnel \_\_\_\_\_  
 Scheduled time frame: \_\_\_\_\_ (AM/PM)
7. Private security company contact information:
  - Company name: \_\_\_\_\_
  - Contact: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
8. Are the private security personnel armed?
  - Yes: \_\_\_\_\_
  - No: \_\_\_\_\_