



**CITY OF PELHAM**  
**108 HAND AVE W**  
**PELHAM, GA 31779**  
**PHONE (229)294-7900**  
**FAX(229) 294-6028**

**OCCUPATIONAL LICENSE APPLICATION**

Due to changes mandated by State Law (House Bill 362), the City of Pelham now charges an Occupational Tax fee in lieu of a Business License fee. Any occupation requiring a state license, health permits, bonds, or certificates of qualifications must provide such documentation before license can be issued.

**PLEASE PRINT**

***BUSINESS INFO***

Business Name: \_\_\_\_\_ PHONE# \_\_\_\_\_

Type of Business(Your Business Activity) \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Name of manager or contact person: \_\_\_\_\_

Number of Employee's Full Time \_\_\_\_ Part Time \_\_\_\_ Business Hours \_\_\_\_\_

***OWNER'S INFO***

Owner's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Federal Tax ID#/Owner's Soc. Sec.# \_\_\_\_\_

**APPLICANT**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Applicant must provide a valid photo ID.**

TO BE COMPLETED BY CODE ENFORCEMENT	
Business Location Zoned _____	Application APPROVED / DISAPPROVED
Signature of Approving Officer _____	
Note: _____	



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By executing this affidavit under oath, as an applicant for a City of Pelham Business License, I am stating the following with respect to my application for a City of Pelham Business License for \_\_\_\_\_ # \_\_\_\_\_  
[INSERT BUSINESS NAME & BUSINESS LICENSE NUMBER]:

\_\_\_\_\_ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

\_\_\_\_\_ I am a 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 \_\_\_\_\_

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Alien Registration number for non-citizens

\_\_\_\_\_  
My Commission Expires

Acting  
Township

**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<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

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

(B) \_\_\_\_\_ On January 1<sup>st</sup> 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 \_\_\_\_\_, \_\_, 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: \_\_\_\_\_

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