



APPLICATION FOR OCCUPATIONAL LICENSE 2026

All businesses are required to submit a notarized SAVE affidavit, business with ten (10) or more employees must also submit a notarized E-Verify affidavit. Renew by Dec 31st to avoid penalties

Company Name: _____

Contact: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Type of Business: _____

SAVE Affidavit: ___ Yes or No E-Verify: ___ Yes or No Number of employees ___

Type of Organization: Sole owner ___ Partnership ___ Corporation ___ LLC ___

NOTE: PROOF MUST BE PROVIDED FOR ANY APPLICABLE ITEMS CHECKED.

I (we) certify that the information for my business or profession as reported herein is true and correct and that I am familiar with the county ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application.

Applicant's signature and date

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 Business License Account No. corporation employed ten (10) or fewer employees.

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

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

(Also called E-Verify #, usually 4-7 digits) _____

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: _____

I certify that the information reported herein is true and correct and that I am familiar with the county ordinance providing for penalties and revocation of my/our license for making false or fraudulent statements on this application.

Applicants Signature and Date _____

SAVE AFFIDAVIT

AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT PURSUANT TO O.C.G.A. § 50-36-1(E)(2) SUBMITTED TO Wilkinson County Department of Finance

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, for Wilkinson County, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen. Please see link for acceptable forms of identification:
- 2) _____ I am a legal permanent resident of the United States. ** Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. ** Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City), _____ (State).

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Name of Business _____

Business Occupational Tax No (Account Number)

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

NOTARY PUBLIC /SEAL My Commission Expires:

License Year 2026