



**City of Johns Creek**  
 Revenue  
 10700 Abbotts Bridge Road, Suite 190  
 Johns Creek, Georgia 30097  
 (678) 512-3242  
 www.johnscreekga.gov

## 20\_\_ Insurers License Fee Application

**Business Name and Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Due Date: January 1, 20\_\_

FEIN: \_\_\_\_\_

NAIC Number: \_\_\_\_\_

	Number of Additional Locations	Fee	Amount Due
License Fees for Additional Business Locations -----	_____	\$150.00	_____
Additional Business Locations with Certain Risks -----	_____	\$52.50	_____
Sub-Total -----	_____		_____
Insurer Annual License Fee -----			\$150.00
Total Fees -----			_____
Zoning Fee of \$30.00 (One (1) Time Fee for Commercial Locations Within City Limits)-----			_____
Total Amount Due -----			=====

Form must be completed and submitted with full payment of all fees by check or money order made payable to the *City of Johns Creek* and mailed to the following address:

City of Johns Creek  
 Revenue  
 10700 Abbotts Bridge Road, Suite 190  
 Johns Creek, GA 30097

\_\_\_\_\_

Signature of Individual Completing Form

\_\_\_\_\_

Name and Title

\_\_\_\_\_

Phone

\_\_\_\_\_

Date

STAFF USE	
Control#: _____	License#: _____
Receipt #: _____	Initials: _____
<b>ZONING:</b> Initials: _____	Review Date: _____
Use Allowed: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>BUILDING:</b> Initials: _____	Review Date: _____
Use Allowed: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>FIRE:</b> Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Initials: _____	



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## Affidavit Verifying Lawful Presence Within the United States

I, (print name) \_\_\_\_\_, swear or affirm under penalty of perjury that (*check one*):

- I am a United States citizen or legal permanent resident 18 years of age or older;
- I am a legal permanent resident of the United States.
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

*Alien Registration Number:* \_\_\_\_\_

I am applying for the following public benefit (*check one*):

- Alcoholic Beverage License for \_\_\_\_\_  
Print Business Name
- Alcohol Employee Pouring Permit
- Occupation Tax Certificate \_\_\_\_\_  
Print Business Name
- Door-to-Door Salesmen/Solicitors Permit
- Other: \_\_\_\_\_  
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
 Print Name of Applicant

\_\_\_\_\_  
 Position Title (if applicable)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**Subscribed and sworn to before me on**

**this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
 (Clerk/Notary Public)

**My commission expires:** \_\_\_\_\_