



Non-Profit Business Registration Application

Business or Organization Name & Contact Information:				Control Number: <small>(Assigned by the City)</small>					
Business or Organization Name/DBA									
Physical Location Address			Suite/Unit		City		State	Zip	
Office Telephone		Email				Fax			
Mailing Address			Suite/Unit		City		State	Zip	
Corporate Information									
Corporate Name									
Corporate Address				Suite/Unit		City		State	Zip Code
Contact Name				Phone Number					
Additional Requested Information									
Federal ID (FEIN)				Date Organization Commenced Operations					
Give a description of the primary activity				Is this business required by the State of Georgia to have a state license? <input type="checkbox"/> Yes or <input type="checkbox"/> No <p style="text-align: center;"><i>If yes, please submit a copy of your state license.</i></p>					

APPLICANT CHECK LIST: *(For Applicant to Check as Each Item is Completed and Attached to Application)*

- Completed application with all business, contact and additional requested information.
- Copy of 501c letter from the IRS.
- "Lawful Presence" Affidavit signed, notarized with copy of driver's license.
- Private Employer Affidavit signed and notarized.

 Printed Name of Applicant

 Title

 Signature of Applicant

 Date

STAFF USE: REVENUE: Initials: _____ Date Entered in Database: _____

ZONING: Property Zoned: _____ Use allowed? Y/ N _____ Reviewed by: _____

FIRE: Existing Building Y/N _____ Pass/Fail: _____ Initials: _____

Building: Approved Y/N: _____ Initials: _____



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: _____