

**ATHENS-CLARKE COUNTY REGULATORY APPLICATION**  
**375 SATULA AVENUE, ATHENS GA 30601 (706) 613-3050**  
**\$77.00 VENDOR PERMIT FEE & \$20.00 ID BADGE FOR EACH PERSON**

**TYPE OF REGISTRATION:**

☐ Pawn Broker ☐ Massage Parlor ☐ Nude Performance  
☐ Itinerant Merchants: ( ) Door-to-Door ( ) Transient/Fixed

**TYPE OF OWNERSHIP:**

☐ Partnership ☐ Sole Owner  
☐ Corporation

**LOCATION ADDRESS OR INTERSECTION: (Required for ALL permits excepts Door-to-Door)**

**BRIEF DESCRIPTION OF ACTIVITY OR SALES:** \_\_\_\_\_

**COMPANY NAME & ADDRESS:**

**COMPANY AND LOCAL PHONE NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FEDERAL TAX ID OR SOCIAL SECURITY NUMBER:**

**STATE SALES TAX NUMBER:**

\_\_\_\_\_

**COMPANY OWNERS OR OFFICERS:**

**Name/Title:** \_\_\_\_\_

**Name/Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**LIST EACH INDIVIDUAL FOR ID BADGE ISSUANCE:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**SSN/DLN** \_\_\_\_\_

**SSN/DLN:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**SSN/DLN** \_\_\_\_\_

**SSN/DLN:** \_\_\_\_\_

**AUTHORIZATION: (Required for all Permits)**

I have read all the above information in this application. My signature indicates that all above information is true and correct to the best of my knowledge. I understand that I must abide by all Federal, State, and local laws and ordinances while conducting business and that my failure to do so may result in criminal or civil prosecution and the revocation of any permit(s) issued by Athens-Clarke County to me or the company I represent.

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

\_\_\_\_\_  
**Position/Title**

\_\_\_\_\_  
**Date**

**FINANCE DEPARTMENT USE ONLY:** account # \_\_\_\_\_ amount paid \$ \_\_\_\_\_

**Check #** \_\_\_\_\_ **Cash Receipt #** \_\_\_\_\_ **Cash \$** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_

***Affidavit Verifying Status for Public Benefit-Required by the Georgia Security and Immigration Compliance Act***  
***SAVE AFFIDAVIT***

By executing this affidavit under oath, as an applicant for an Athens-Clarke County business occupation tax certificate, alcohol license, taxi permit or other public benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), the undersigned applicant representing \_\_\_\_\_ (name of business), verifies one of the following with respect to my application for a public benefit.

- \_\_\_\_\_ (1) **I am a United States citizen**  
(document example: Driver's License, US Passport, US Military Card, etc.)
- \_\_\_\_\_ (2) **I am a legal permanent resident of the United States**  
(document example: I-551 Permanent Resident Card, Certificate of Citizenship, etc.)
- \_\_\_\_\_ (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.**

**My alien number issued by the Department of Homeland Security or other federal immigration agency (is: \_\_\_\_\_**  
(document example: Temporary Resident Card; Employment Authorization Card, etc.)

**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:

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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 on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city) \_\_\_\_\_ (state)

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME

ON THIS \_\_\_\_\_ DAY OF

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

PLEASE COMPLETE THIS AFFIDAVIT AND SUBMIT A COPY OF THE IDENTIFICATION DOCUMENT (front and back) FROM THE LIST ON THE BACK OF THIS FORM. **PRESENT IN PERSON** AT 375 SATULA AVENUE **OR E-MAIL** TO [ACCBusinessTaxandLicenses@accgov.com](mailto:ACCBusinessTaxandLicenses@accgov.com)  
REFERENCE YOUR CUSTOMER NUMBER IN THE SUBJECT LINE OF YOUR E-MAIL

***THIS AFFIDAVIT CANNOT BE NOTARIZED BY THE BUSINESS TAX OFFICE***

## Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued July 10, 2013 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- **An unexpired United States passport or passport card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Employment Authorization Document that contains a photograph of the bearer** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2] *Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law*
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired driver’s license issued by a Canadian government authority** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Birth Abroad issued by the United States Department of State (Form FS-545)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

***E-VERIFY AFFIDAVIT*****For Employers with 10 or fewer employees****Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Signature of Exempt Private Employer or Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

\_\_\_\_\_

**For Employers with more than 10 employees****Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ 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: \_\_\_\_\_

Please have this form notarized prior to submitting it to Athens-Clarke County Finance Department.

**Athens-Clarke County employees cannot notarize this form**