



City of Lumpkin
552 MLK Jr. Drive P.O. Box 275
Lumpkin, Ga. 31815
Phone: (229) 838-4333 Fax: (229) 838-9908



James Babb, Mayor

David Davis, City Manager

Barbara Cullefer, Mayor Pro-tem

This packet contains three (3) pages: the business license application, and two (2) affidavit forms. These affidavits are required of all business license recipients in the state of Georgia. They will be used to help certify eligibility to work within the United States. Both affidavits require notarization.

The first Affidavit (O.C.G.A 50-36-1) (e) (2)) should be filled out completely as follows:

- Type of public benefit is “business license”:
- Name of government entity is “City of Lumpkin”
- Check which applies to your citizenship status (1,2, or 3)
- List, and include a copy of a state or federal identification document: driver’s license, passport, etc.

The second Affidavit (O.C.G.A 36-60-6(d)) should be filled out completely as follows:

- Application for “business license”
- From “City of Lumpkin”
- Name of Employer
- *Skip to Section 3 * check either (a) or (b) depending on # of employees as of January 1st
- If (a) is selected, fill out Section 4

Very Important Information

1. “NO Business License will be issued if you are the owner of delinquent property taxes and / or delinquent utilities.” All debt to the City must be paid in full
2. All applications for alcohol must accompany a \$75.00 non-refundable application fee and be reviewed/approved at the next City Council Meeting before a license can be issued.
3. Final costs for all Regular Business License permits are \$100.00
4. Final costs for alcohol sales and/or cigarette sale permit fees will vary. Please see attached sheet.

Thank you for selecting Lumpkin, Georgia as your place of business. We wish you much success.

Sincerely,

David Davis,
City Manager

CITY OF LUMPKIN
APPLICATION FOR BUSINESS LICENSE
(Please allow 2-3 business days for review)

Date: _____

Legal Name of Business: _____

Trade name(s) of Business: _____

Business Phone #: _____

Physical Address: _____

Lumpkin, GA 31815

Mailing Address: _____

_____ (same as Physical) ☐

Type of Business: _____

North American Industry Classification Code (NAICS) for business: _____

(Please visit <http://www.naics.com> for help finding your NAICS code)

Applicable State Licenses acquired: (A photo-copy of all necessary licenses is required)

None Apply ☐

Sales and Use tax ID number: _____

(Assigned by Georgia Department of Revenue)

Name of Applicant: _____

Signature of Applicant: _____

This information will be shared with the Georgia Department of Revenue within 30 Days of Approval.

_____ **City Use Only Below this Line** _____

Property Zoning: _____

Zoning Change required: _____

Application Approved: _____ Disapproved: _____

If disapproved, why: _____

Mayor, City Clerk, or City Administrator Signature: _____

O.C.G.A. § 50-36-1-(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) _____ (*type of public benefit*) as referenced in O.C.G.A. §50-36-1, from _____ (*name of government entity*), the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 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: _____.

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

Printed Name of Applicant

SUBSCRIBED AND SWORN _____
BEFORE ME ON THIS Date _____
____ DAY OF _____ 20____.

NOTARY PUBLIC

My Commission Expires:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a (n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from _____ [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2019, and June 30, 2019.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2019, and June 30, 2020.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2020.

- (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 corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the ____ date of _____, 201__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

LICENSES FEES

CITY OF LUMPKIN

All Businesses within the city limits of Lumpkin, Georgia shall purchase an annual business license in the amount of \$100.00. In addition, alcoholic beverage license shall be available upon application and approval and at the following rates:

Alcoholic Beverage Application fee	\$75.00
License to sell Liquor for Consumption off premises	\$2500.00
License to sell Liquor for Consumption on premises	\$2000.00
License to sell Beer for Consumption off premises	\$300.00
License to sell Beer for Consumption on premises	\$200.00
License to sell Wine for Consumption off premises	\$300.00
License to sell Wine for Consumption on premises	\$200.00

Additional fees for license to sell/operate the following

Cigarettes	\$50.00
Car/Truck Dealership	\$500.00
Circus/Fairs/Shows	\$250.00 per event
Gaming Machines	\$200.00 per machine
General Contractor	\$200.00
Pool Table	\$50.00 for first table; \$25.00 each additional table