Walker County, GA Business License Application

(Revised December 16, 2019)

Date of Application _____

☐ New Application ☐ Renewal (prior license number) _____

Section 1:

Business Name
Owner Name
Street Address
Mailing Address (if different)
Business Phone Number
Emergency Contact Number
Email Address
Property Owner & Phone Number (if different)
Number of Employees
Type of Business

Section 2:

Is Business Located in Walker County ☐ Yes ☐ No

Does this Business have an Occupational Tax Certificate (license) in another city/county in Georgia? ☐ No ☐ Yes If yes, where? _____

GA Sales Tax Number _____ GA License Number _____

EIN or SS#:_____ E-Verify #_____

(E-Verify not applicable if 10 or fewer employees)

Section 3:

The undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for a license. I certify that the information is true, correct and complete.

Signature:	Date:

INTERNAL USE:

Proper Zoning: Yes / No *Pre-plan: Yes / No* *Inspection: Yes / No / Not Necessary*

Circle all that apply: Fee Schedule

New Application: $25	0-5 Employees: $50	26-49 Employees: $125
	6-10 Employees: $75	50+ Employees: $150
	11-25 Employees: $100	

Total due:_____

Private Employer Affidavit of Compliance
Pursuant to Official Code of Georgia Annotated Section 36-60-6(d)

The undersigned private employer states under oath that the following statements are true. This affidavit is a part of the private employer's application for a business license in Walker County, Georgia.

_____ (Initial) The undersigned (circle the applicable type of business entity) sole proprietor, partnership, corporation, limited liability company, or other business entity, employs more than ten (10) employees and has registered with and uses 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 Official Code of Georgia Annotated Section 13-10-90. The private employer also states under oath 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

(This affidavit must be signed and notarized on next page)

OR

_____ (Initial) The undersigned (circle the applicable type of business entity) sole proprietor, partnership, corporation, limited liability company, or other business entity employes ten (10) or fewer employees, and is exempt from registration with 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 Official Code of Georgia Annotated Section 13-10-90.

(This affidavit must be signed and notarized on next page)

I hereby declare under penalty of perjury that the statements initialed on the previous page are true and correct.

This ___ day of _____, 202__.

_____

Signature of Authorized Officer

_____

Printed Name and Title of Authorized Officer

Sworn to and subscribed before me this ____ day of _____, 202__.

_____

Notary Public

My commission Expires:_____

AFFIX NOTARY SEAL