



CITY OF SUGAR HILL
5039 West Broad Street
Sugar Hill, GA 30518
770-945-6716
Fax 770-945-0281

For Office Use Only	
CERTIFICATE #:	_____
FEE:	_____
DATE:	_____

Business Name: _____

Business Address: _____

Mailing Address (If different): _____

Business Phone: _____ **Email:** _____

Owner's Name: _____

Owner's HOME Address: _____

(If more than one owner, include information, signature and picture ID's of all owners)

Home Telephone Number and/or Cell Phone Number: _____

Federal Tax Identification Number or Social Security Number: _____

Type of Ownership: _____ **Sole Proprietor** _____ **Partnership** _____ **Corporation**
If incorporated include state and date of incorporation: _____

Nature or Type of Business: _____

Estimated Gross Receipts from now until December 31: \$ _____

Number of Employees: _____ **Number of State Licensed Professionals:** _____

If Mobile Home Lot Give Number of Lots (\$12 per lot): _____

I hereby certify that the above information is true and correct and contains no false or fraudulent information:

Signature: _____ **Date:** _____

OFFICE USE ONLY

This Business License is issued pending verification by the Planning and Development Department of the City of Sugar Hill and said activity is in compliance with the Zoning Ordinances of the City.

_____ **Date:** _____

ALL UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE REJECTED



CITY OF SUGAR HILL

WELCOME BUSINESS OWNER Occupational Tax Certificate Checklist

A copy of the Occupational Tax Application is attached.

- Complete the Occupational Tax Application.
- Verify the address, if the site is located within the City Limits of City of Sugar Hill from the Department of Planning & Development.
- Verify with the Department of Planning & Development if the intended use is permitted under the designated zoning district.
- Verify with the Department of Planning & Development if you need City Building/Safety Inspection, if yes, complete the Building Permit Application.
- An Inspection/Certificate of Occupancy (C.O.) is required from the Gwinnett County Fire Marshal's office for all Commercial Businesses.
- All Businesses will need to submit any evidence of required qualifications, permits, State of Georgia Professional License(s), Federal License(s), Health Dept or Dept of Community Health permit(s)/License(s) or any other documentation required If applicable.
- Restaurants/Food Service Establishments need to have approval from the Gwinnett County Health Department. Their telephone number is 770-963-5132.
- The Business License office is located at the City Hall, 5039 W. Broad Street, Sugar Hill, Georgia, 30518. Telephone #: 770-945-6716.
- The Department of Planning and Development is located at the City Hall, 5039 W. Broad Street, Sugar Hill, Georgia, 30518. Telephone #: 770-945-6734



**S.A.V.E. AFFIDAVIT U.S. Citizen / Qualified Alien Affidavit
O.C.G.A § 50-36-1(e) (2)**

By executing this affidavit under oath, as an applicant for a City of Sugar Hill, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from City of Sugar Hill, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

Choose ONE of the following:

1. _____ I am a United States Citizen. Please submit a copy of your current Driver's License, US Passport, Military ID or other secure and verifiable document. (A complete list of secure and verifiable documents can be found on the City of Sugar Hill's website under the Business page or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).
2. _____ I am a legal permanent resident of the United States. Please submit a **front and back** copy of your Permanent Resident Card.
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: _____

Please submit a **front and back copy of one of the following documents:**

- a. Valid Foreign Passport with I-94
- b. Temporary Resident Alien Card I-688
- c. Employment Authorization Card I-766 or I-688B
- d. Employment Authorization Document I-688B
- e. Refugee Travel Document I-571

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.

THIS FORM MUST BE SIGNED AND NOTARIZED

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement of 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.

Signature of Applicant	Printed Name of Applicant	Date
------------------------	---------------------------	------

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature

My Commission Expires

Notary Seal



**E-Verify and Private Employer Affidavit
O.C.G.A § 36-60-6(d)**

The E-Verify Private Employer Affidavit must be collected when applying for any License(s) in the City of Sugar Hill. The City of Sugar Hill will not issue the license if this affidavit is not filled out correctly. This affidavit needs to have a signature of an authorized agent for the business and a notary signature and stamp. For further information or to obtain an E-Verify Identification Number please reference the E-Verify home page on the U.S. Citizenship and Immigration Services website at: www.uscis.gov/everify.

By executing this affidavit, as an applicant for a _____ (Occupational Tax Certificate, Massage Establishment License, Body Art Establishment License and Alcohol License O.C.G.A. § 36-60-6), from the City of Sugar Hill, 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 business document.

Choose ONE of the following:

A: _____ On January 1st of the below signed year the individual, firm or corporation employed **less than ten (10) employees.**

B: _____ On January 1st of the below signed year the individual, firm or corporation employed **more than ten (10) employees.** **If the employer selected (B) please fill out the section below.**

The employer has registered with and utilizes the federal work authorization program, E-Verify, 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, E-verify ID #

Date of Authorization

THIS FORM MUST BE SIGNED AND NOTARIZED

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement of 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.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature

My Commission Expires

Notary Seal