

City of Porterdale
Application for Business License

Type of Business

Description of business to be conducted: _____

Name of Business: _____

Trade Name Used: _____

Address of
Business: _____

Business Mailing
Address: _____

Business Telephone: _____

Names of Applicant, Owner, Corporate Officers, Partners

Name & Home Address
of Applicant: _____

Applicant Phone: _____

If the business is a corporation, please provide the names & home addresses of the directors.

If the business is a corporation, please provide the names & home addresses for the following:

Chief Executive Officer

Chief Financial Officer

Secretary

If the business is a partnership, please provide the names & home addresses of all partners.

General Information

Business start date:

No of employees:

Manager's Name

Home address

Phone Number

Emergency Contact:

Phone Number:

Additional Requirements

You must provide a complete record of all arrests and convictions against the Applicant, every officer, director, and partner for violation of any and all laws and ordinances of a city, state, or the federal government.

I hereby certify that all information submitted on this application is true and correct.

Signature of Applicant: _____

Date received:
(to be filled in by city) _____

Approval signature: _____

Date approved: _____

A non-prorated, non-refundable administrative fee of \$45.00 shall be required with all business applications for the initial start-up, renewal, or re-opening of the account.

Notes to Applicants:

1. In accordance with OCGA § 36-60-6, the City of Porterdale shall not issue a business license to any person engaged in a profession or business required to be licensed by the state under Title 43 of the Georgia Code, without proof first being submitted that the applicant has obtained the required state licenses. The person requesting a business license from the City of Porterdale must provide the city with evidence of the licensure by the state. No business license may be issued by the City of Porterdale without such proof. Please note that obtaining a license from the state shall not relieve the applicant of the need to obtain a business license from the City of Porterdale.

Professions and businesses required to be licensed by the state are as follows:

Accountants
Acupuncture
Architects
Athletic Trainers
Athlete Agents
Auctioneers
Barbers
Charitable Solicitors
Check Cashers
Chiropractors
Coin Operated Amusement Machine
owners and operators
Contractors, Air Conditioning
Contractors, Asbestos Removal

Contractors, Explosives
Contractors, Low Voltage
Contractors, Utility
Cosmetologists
Counselors, Professional
Dentists
Dental Hygienists
Dieticians
Dietetic Counselors
Driver Training Instructors
Driver Training Schools Operators
Electrical Contractors
Embalmers
Engineers, Professional

list continued next page

Firearms Dealers
 Funeral Directors, Embalmers
 Geologists
 Hearing Aid Dealers & Dispensers
 Hotel, Inns & Roadhouse Operators
 Junk Dealers
 Landscape Architects
 Land Surveyors
 Lawyers
 Librarians
 Manufactured Home Dealer
 Manufactured Home Installer
 Manufactured Home Manufacturer
 Merchant, Transient
 Motor Vehicle Dealer
 Nurses
 Nursing Home Administrators
 Occupational Therapists
 Opticians, Dispensing
 Optometrists
 Osteopaths Licensed under Chapter 34
 of the title 43 of the Georgia Code
 Pest Control, Structural
 Pharmacist
 Physical Therapists
 Physicians Licensed under Chapter 34
 of the title 43 of the Georgia Code
 Physician Assistants
 Plumbers

Podiatrists
 Polygraph Examiners
 Practitioners of Physiotherapy
 Private Detective & Private Security
 Business Operators
 Psychologists
 Real Estate Appraisers
 Real Estate Brokers & Salespersons
 Recreation Administrators, Leaders
 Specialists, & Technicians
 Respiratory Care
 Sanitarians, Registered Professional
 Scrap Metal Processors
 Social Workers
 Speech Language Pathologists &
 Audiologists
 Taxidermists
 Therapists, Marriage & Family
 Used Car Dealers
 Used Motor Vehicle Parts Dealers,
 Dismantlers, & Salvage Dealers
 Veterinarians
 Water & Wastewater Treatment Plant
 Operators & Laboratory Analysts

2. In addition, if you are applying for a license to conduct one of the following activities of businesses, then you must submit a supplemental application. You should inform the city if you fall into one of the following categories, so that a supplemental application form can be provided to you. A failure to do so will result in a delay of processing of your application.

Auctions & Auctioneers
 Going out of business sales, fire sales, removal of business sales, altered stock sales
 Junk Dealers & Junkyards
 Massage Business
 Parade
 Peddlers or Itinerant Merchant
 Solid Waste Collector

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 THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: