



PUTNAM COUNTY PLANNING & DEVELOPMENT

117 Putnam Drive, Suite B ♦ Eatonton, GA 31024

Tel: 706-485-2776 ♦ 706-485-0552 fax ♦ www.putnamcountyga.us

OCCUPATION REGISTRATION

CALENDAR YEAR _____ PERMIT # _____

BUSINESS NAME: _____

LOCATION: _____

MAP# _____ PARCEL# _____

TYPE OF BUSINESS: _____ ZONED: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX ID# _____ GA SALES TAX # _____

Number of Employee: _____ Full Time _____ Part Time _____

Date business began in Putnam County _____

Solid Waste Contractor: _____

New Registration _____ Letter of Intent (Describe type of business) _____

Renewal _____

Transfer of Location _____

DOCUMENTS NEEDED:

- Copy of State License (If applicable)
- E-Verify & SAVE Documents Confirmation Form
- E-Verify Affidavit or E-Verify Exemption Affidavit (Required with initial application only)
- SAVE Affidavit Pursuant to O.C.G.A. (If submitting a copy of driver's license, we must have a copy of the front and back of license.)

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

If Partnership, please provide names & addresses of all partners.

If corporation, please provide names of officers and corporate address.

OWNER'S NAME _____

ADDRESS: _____

PHONE: _____

I hereby certify that I am the owner of the above business and that the above information is true and correct.

Signature of Registrant _____ Date: _____

FOR REGISTRATION PURPOSES ONLY

THIS IS NOT AN OCCUPATION/BUSINESS LICENSE OR APPLICATION FOR LICENSE.

OFFICE USE ONLY

FEES PAID: \$138.00 CK _____ CASH _____ CREDIT CARD _____ RECEIPT# _____

EXPIRES: _____

Inspected by: Building Inspector/Fire Marshal _____ Date: _____

Approved by: P&D Director _____ Date: _____

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E-Verify & SAVE Documents Confirmation Form

I certify the following:

- ☐ I am a U.S. Citizen and have previously submitted a SAVE Affidavit to Putnam County.
- ☐ I have more than 10 employees and have previously submitted an E-Verify Affidavit to Putnam County.

My E-Verify Number is (must be a number between 4 and 6 digits): _____

My Date of Authorization is: _____

(Above information must match what is currently on file with Putnam County)

- ☐ I have 10 or less employees and have previously submitted an E-Verify Exemption Affidavit to Putnam County.

Name of Individual: _____

Name of Business: _____

Address: _____

City, State, Zip Code: _____

Signature: _____

Date: _____



The information requested in this form is for public safety purposes only. Frequently emergencies (i.e. burglary, fire, etc.) occur at business establishments after hours and it is imperative emergency personnel have the ability to contact business owner or employees. Information regarding hazardous materials will also be of great assistance to fire personnel in the event of a fire on the premises. This information will be kept on file at the Sheriff's Office and only used when necessary for official emergency purposes.

Howard R. Sills, Sheriff

Business Name: _____

Street Address: _____

Business Telephone No.: _____

Does Business have an alarm system? Yes _____ No _____

Name of Alarm Service: _____

Telephone No. of Alarm Service: _____

Does Business have video surveillance cameras? Yes _____ No _____

Are hazardous materials (flammables, incendiaries, munitions, explosives, or biohazards) stored on business premises? Yes _____ No _____

If yes, please list all hazardous materials:

Please provide location within building/premises where these materials are stored:

Name of electric utility company providing service to business: _____

Name of natural gas/propane gas vendor providing service to business: _____

List of after hours contacts to be called in the event of an emergency at the business location:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone No.: _____

Telephone No.: _____

Name: _____

Name: _____

Address: _____

Address: _____

Telephone No.: _____

Telephone No.: _____

DECAL NUMBER