PUTNAM COUNTY PLANNING & DEVELOPMENT
117 Putnam Drive, Suite B ◊ Eatonton, GA 31024
Tel: 706-485-2776 ◊ 706-485-0552 fax ◊ www.putnamcountyga.us

# HOME OCCUPATION PERMIT APPLICATION

NEW: _____ RENEWAL: _____ PERMIT #:_____

Permit Fee for Business: $75.00

The undersigned, (name) _____desires to operate the following home business:

Business name: _____

Location Address: _____

Mailing Address: _____

Letter of Intent _____ (New Businesses) Map/Parcel: _____

Phone: _____ Zoned: _____

Federal Tax I.D.: _____ GA Tax Number: _____

Applicant agrees that the permit applied for by him/her shall not, when granted, become a civil contract between the applicant and the governing authority of the County, but shall operate purely as permit to the applicant, and said permit may be revoked by Planning & Development of said County at any time.

Applicant certifies that the information provided as a part of this application is correct and further states that he/she is authorized to make application for said permit.

Date: _____ By: _____
Authorized Signature

Applicant herewith tenders the sum of $_____as the permit fee on the business proposed to be conducted by the applicant.

(Receipt number _____ --cash_____ credit card_____ check#_____)

Received By: _____
Putnam County Planning & Development

Approved By:_____

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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: _____

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## SAVE Affidavit

**(U.S. Citizens are only required to provide this affidavit one time)**

By executing this affidavit under oath, as an applicant for a Putnam County ,Georgia Occupation Registration/Home Occupation Registration as referenced in O.C.G.A. § 36-60-6, from the Putnam County Planning and Development, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

**Please check one box only**

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 statue.

Executed in _____ (city), _____ (state).

Signature of Applicant:
_____

Printed Name: _____

Date _____

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

Notary Public Signature: _____

Affix Notary stamp/seal here

My Commission Expires: _____

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## E-Verify Exemption Affidavit

**(For Businesses that have 10 or less employees)**

**(Required with initial application only)**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize 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 O.C.G.A. § 13-10-90.

Name of Business: _____

Address: _____

City, State, Zip Code: _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the _____ day of _____, 20_____ in

_____ (city), _____ (state).

Signature of Authorized Officer or Agent: _____

Printed Name and Title of Authorized Officer or Agent: _____

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

_____
Notary Public Signature

Affix Notary Stamp/Seal here

My Commission Expires: _____

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## E-Verify Affidavit

**(For Businesses that have more than 10 employees)**

**(Required with initial application only)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes 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 O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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

Date of Authorization: _____

Name of Business: _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the _____ day of _____, 20_____ in

_____ (city), _____ (state).

Signature of Authorized Officer or Agent: _____

Printed Name and Title of Authorized Officer or Agent: _____

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

_____
Notary Public Signature

Affix Notary Stamp/Seal here

My Commission Expires: _____