



# 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 \_\_\_\_\_ OCC. Registration # \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

MAP# \_\_\_\_\_ PARCEL# \_\_\_\_\_ ZONED: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

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: \$160.00 CK \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ RECEIPT# \_\_\_\_\_

EXPIRES: \_\_\_\_\_

Inspected by: Building Inspector/Fire Marshall \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: P&D Director \_\_\_\_\_ 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 statute.

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

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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.: \_\_\_\_\_