

Occupational Tax Number: _____ Alcohol License Number _____



MICHAEL HARRIS
HENRY COUNTY TAX COMMISSIONER
OCCUPATIONAL TAX DEPARTMENT
140 HENRY PARKWAY
MCDONOUGH GA 30253
770-288-8180 OPT 5
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ALCOHOL BEVERAGE LICENSE APPLICATION
(VOID AFTER 60 DAYS)

_____ NEW APPLICATION FEE \$250.00 _____ LICENSE HOLDER CHANGE FEE \$50
_____ SPECIAL EVENT PERMIT FEE: \$250.00
Liquor by the Drink: \$125.00
Malt Beverages \$75 per day
Wine \$50 per day

ALL FEES ARE NON-REFUNDABLE AND VALID FOR 60 DAYS.

NAME OF LICENSEE: _____

SOCIAL SECURITY NO: _____ PHONE NO: _____

MANAGERS/OWNERS NAME:

BUSINESS OF NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS OF LICENSEE (REQUIRED)

APPLICANTS: PLACE OF BIRTH: _____

DATE OF BIRTH: _____

US CITIZEN: _____ YES _____ NO **ATTACH A COPY OF PROOF OF CITIZENSHIP**

DRIVERS LICENSE NUMBER _____ STATE OF ISSUE _____
ATTACH A COPY OF DRIVER LICENSE

***Application and Blue Line Survey are only valid for 60 days from date of application.**

DATE: _____ TITLE: _____

SIGNATURE: _____

Occupational Tax Number: _____ Alcohol License Number _____

LEGAL STATUS AFFIDAVIT

Please read carefully and check the appropriate box: THIS FORM MUST BE ATTACHED, NOTARIZED & RETURNED

1. If you are a United States citizen 18 years of age or older please check below.
2. If you are a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United State, please attach a copy of your Alien Registration Card and please check #2 below.

Pursuant of Official Code of Ga Annotated (OCGA) sec 50-36-1, verification of legal status is required for the administration of various public services/public benefits as defined in the Ga Security an Immigration Compliance Act (GSICA). Accordingly, applicants for various public benefits must certify of the following.

1. _____ The applicant must execute an affidavit that he or she is a United States Citizen 18 years of age or older. Or,
2. _____ The applicant must execute an affidavit that he or she is a qualified alien or nonimmigrant under the Federal Immigration and Nationality act 18 years of age or older lawfully present in the United States.

I, as applicant for public services/public benefits as defined in the Ga Security and Immigration Compliance Act (GSICA) certify my legal status to be in the United States of America as marked above, I understand that there may be state and or federal penalties for providing false information on the affidavit required under the GA Security and Immigration Compliance Act.

Alien Registration Number of Non-Citizens: _____

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate as referenced in O.C.G.A. § 36-60-6(d), from Henry County, Ga., the undersigned applicant representing the private employer known as _____ verifies one of the following with respect to my application for the above-mentioned document:

1. Fill out this section if the current date is after July 1, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. E-Verify# _____

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

If the employer selected 1(a) please fill out Section 2 below.

2. The employer has registered with and utilizes the federal work authorization program 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 User Identification Number

Date of Authorization

In making the above representations 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 allowed by such statute.

Executed on the ___ date of _____, 202__ in _____ (city), _____ (state)

Signature of Applicant

Printed Name of Applicant

Home Address: _____

SUBSCRIBED AND SWORN BEFORE ME _____
ON THIS THE ___ DAY OF _____, 202__ . NOTARY PUBLIC

(Notary Signature/Seal)

My Commission Expires

OCCUPATIONAL TAX DEPARTMENT

Occupational Tax Number: _____ Alcohol License Number _____

**140 HENRY PARKWAY
MCDONOUGH GA 30253
770-288-8180 OPT 5
Michael Harris**

ORI NUMBER CONSENT FORM

I, _____, swear and affirm that I am the applicant for an Alcohol Application. I have received Henry County's Occupational Tax's ORI number and have made application as the holder of the Alcohol License for

_____, located at _____
_____.

(Signature of Alcohol Applicant)

Personally appeared before me on this _____ day of _____, 20__.

My Commission expires on _____.

(Notary Signature/Seal)

(Date)