



P.O. Box 690. Dublin, GA 31040

PEDDLER APPLICATION

Date:

Business or Corp. Name:

Corporation

Partnership/LLC

Sole Owner

Physical Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Type of Business:

Goods/Products Sold:

Good/Products Manufactured where:

Owner/Officer Name:

Owner/Officer Home Address:

City:

State:

Zip:

Owner/Officer Telephone:

Local Contact Name / Title:

Local Contact Telephone:

Local Contact Email:

Federal Tax ID# / SSN (**W-9 must be provided**):

Georgia Sales Tax ID#:

NAICS#:

Location of Sales:

Proposed Method of delivery:

Method of payment for sales:

Full payment at time of sale

Deposit of money in advance of final delivery

Duration of Sales:

Number of Employees (*including full and part-time employees on sale*):

Last five (5) municipalities that you have worked prior to City of Dublin:

I do understand that I must comply with all city and state requirements. Failure to comply will result in revocation of permit. I have read and understand the above and I do solemnly swear subject to denial of permit that the information given is true and correct.

Signature of Owner/Applicant

Date

SAVE AFFIDAVIT – Affidavit Verifying Status for City Public Benefit Pursuant to O.C.G.A. § 50-36-1 (E)(2)

By executing this affidavit under oath, as an applicant for:

(Check all that apply) [type of public benefit]

____ Occupational Tax ____ Alcohol License ____ Peddler’s Permit ____ Regulatory Fee

as referenced in O.C.G.A. § 50-36-1, from the City of Dublin, GA, 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:

You must submit a front and back copy of a Secure and Verifiable Document with this affidavit such as a copy of driver’s license, and/or passport unless the same individual signed and submitted secure and verifiable document previously and copy already on file. A complete list of Secure and Verifiable Documents may be found at http://etax.dor.ga.gov/ctr/2013_Secure_andVerifiable_Document_Listing.pdf or on the Georgia Attorney General’s website. For more information, please refer to https://etax.dor.ga.gov/ctr/Public_Benefits_FAQ.pdf.

E-VERIFY AFFIDAVIT -- PRIVATE EMPLOYER AFFIDAVIT PURSUANT to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a (n) Occupational Tax and/or Alcohol License [occupational tax certificate or other document required to operate a business] As referenced in O.C.G.A. § 36-60-6(d), from City of Dublin, GA, the undersigned applicant representing the private employer known as (printed name of business) _____ verifies one of the following with respect to my application for the above mentioned document.

Section 1
Please check only one:

- (A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees. ¹
- (B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***If the employers selected Section 1(A), please fill out Section 2 below.

Section 2
The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and 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 follows:

_____	_____
E-Verify Number (usually 4-6 digits) this is NOT your Federal ID Number	Date of Authorization
(Also called the Federal Work Authorization User Identification Number)	(Actual Date Company signed up to begin E-Verify use)

In making the above representation(s) 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 Authorized Officer or Agent	Date

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

Printed Name and Title of Authorized Officer or Agent

NOTARY PUBLIC SIGNATURE AND SEAL
My Commission Expires: _____

¹ to determine the number of employees for purposes of the affidavit, a business must count its total number of employees’ company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.