

BUTTS COUNTY BOARD OF COMMISSIONERS OFFICE PLANNING & DEVELOPMENT DEPARTMENT

625 West Third Street, Suite 3 - Jackson, Georgia 30233 Office 770-775-8200 - Fax 770-775-8225 www.buttscounty.com

BUSINESS COMMENCEMENT APPLICATION

*Any person conducting business, via sales or services which originate and operate within Butts County is required to obtain a "Business License" and pay an "Occupational Tax". It is the responsibility of the business owner to maintain a current and active Business License and Occupational Tax Certificate *

* Make all checks payable to: Butts County *

| usiness Address: _ | | | | | | |
|-------------------------|---|-----------------------|---|-------------|--|-------------|
| Ī | Physical Address (NO PO B | OX) | City | Sta | te | Zip Code |
| ame of Business Owner: | | Date Business Formed: | | | | |
| usiness Address: _ | | | | | | |
| ^ | Mailing Address | | City | Sta | te | Zip Code |
| elephone#: | | Fax: | Em | nail: | | |
| usiness Type: | | | (Operation Loc | cation) | Home Use | _ Commercic |
| wnership Type: | Single | Proprietor | shin: F | artn orchir | Co | rporation |
| | | i iopiioioi | 3111P F | CHILICISHIP |) COI | гроганоп |
| 51.1/ 5 1.5/ | _ | • | • | | | |
| E.I.N/ Tax I.D# | <u> </u> | • | • | | | |
| | _ | State | • | d Required | d) | |
| | ± | State | e License# (Card | d Required | d) | |
| | EUSE ONLY: | State | e License# (Card | d Required | d) | |
| OR OFFICE | EUSE ONLY: | State | e License# (Card | e No.: | d) | |
| OR OFFICE | * | State | e License# (Card | e No.: | icense # | |
| OR OFFICE | NAICS CODE#: | State | lication/File Butterse License fee | e No.: | icense # Process fee | |
| OR OFFICE | NAICS CODE#: umber of Employees 0-10 | State | lication/File But less License feet \$100.00 | e No.: | icense # Process fee \$25.00 | |
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| OR OFFICE | NAICS CODE#: Umber of Employees 0-10 11-20 21-30 | State | lication/File But licess License feet \$100.00 \$200.00 \$300.00 | e No.: | Process fee \$25.00 \$25.00 | |
| OR OFFICE | NAICS CODE#: Umber of Employees 0-10 11-20 21-30 31-40 | State | lication/File B less License fee \$100.00 \$200.00 \$300.00 \$400.00 | e No.: | ricense # Process fee \$25.00 \$25.00 \$25.00 \$25.00 | |

Fire Marshal/ CO Approval (Commercial Locations Only): _____ Date: ____



BOARD OF COMMISSIONERS

Joe Brown Board Chairman

District 3 Commissioner

J. Keith Douglas Vice-Chairmen

District 4 Commissioner

Russ CrumbleyDistrict 5 Commissioner

Robert L. Henderson, Sr.District 2 Commissioner

Ken RiversDistrict 1 Commissioner

ADMINISTRATION

Brad Johnson

County Manager

Brad Vaughan

Planning & Development Director

Channing Ferguson

Planning Technician

Shana Hall

Office Manager

Jeremy Head

Building Official

Christopher Sears

Code Enforcement Officer

BUTTS COUNTY BOARD OF COMMISSIONERS OFFICE

Community Development Department

625 West Third Street, Suite 3 - Jackson, Georgia 30233 Office 770-775-8200 - Fax 770-775-8211

www.buttscountyga.com

FOR IMMEDIATE RELEASE-BUTTS COUNTY ENACTS NEW ILLEGAL IMMIGRATION LAW REQUIREMENTS:

During the 2011 legislative session, the Georgia General Assembly passed the illegal immigration Reform and Enforcement Act (House Bill 87). Among other initiatives, the legislation placed several new requirements on local governments and businesses. Individuals and business owners should be aware of two of these new requirements that took effect on January 1, 2012.

The first requirement calls for any person seeking a public benefit through the county to present a secure and verifiable document. Public benefits include such things as an occupation tax certificate (business license), an alcohol license and contracts. It further requires any person required to present identification to the county for any official purpose to present a secure and verifiable document. This means that anyone who applies for a public benefit through a county must not only submit a Systematic Alien Verification for Entitlement (SAVE) affidavit but they must also present a secure and verifiable document. Although counties may accept affidavits in person, electronically or by mail, secure and verifiable documents can only be submitted in person or electronically and cannot be accepted by mail.

For more information on what is considered a public benefit and a list of approved secure and verifiable documents, go to the Georgia Attorney General's website at www.law.ga.gov. Click on "Key Issues," and then "Immigration Reports."

The second requirement calls for private employers with 500 or more employees seeking an occupation tax certificate (business license) or any other document required to operate a business within the county to register for and use the E-verify program and to sign an E-Verify affidavit. E-Verify is a federal program the checks the employment eligibility of all new hires.

The private employer requirement will be phased in through July 1, 2013. Private employers with 100 or more employees must be registered beginning on July 12012 and employers with more than 10 employees must be registered beginning on July 1, 2013. Private employers that are not subject to this requirement must sign an exemption affidavit. The affidavits for business owners are also available on the General Attorney General's website.

The Association County Commissioners of Georgia (ACCG) has worked to help counties understand the new requirements for compliance and reporting established through the Illegal Immigration Reform and Enforcement Act through regional training programs for county staff. For additional information on what counties must do to comply with this new law, go to www.accg.org and click on "Immigration.

"We've had more questions from counties on the implementation of the new illegal immigration laws than any other legislative issue in recent years," said ACCG Association Legislative Director Todd Edwards. "Our job is to make sure that we provide them with the best information that we have available and to help them understand what they need to do to comply.

O.C.G.A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, 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: | | | | | |
| e undersigned applicant also hereby verifies that he or she is 18 years of age or older and has ovided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with is 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 uilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal atute. | | | | | |
| ecuted this the day of, 20, in(city),(state). | | | | | |
| IBSCRIBED AND SWORN BEFORE ME ON IIS THEDAY OF, 20, Signature of Applicant | | | | | |
| OTARY PUBLIC Printed Name of Applicant | | | | | |
| y Commission Expires: | | | | | |

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

| Section | 1. Please check only one: | | | | |
|----------|---|--|--|--|--|
| (/ | On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees. | | | | |
| | *If you select Section 1 (A), please fill out Section 2 and then execute below. | | | | |
| (E | On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees. | | | | |
| Section | *If you select Section 1 (B), please skip Section 2 and execute below. 2. | | | | |
| with the | ployer has registered with and utilizes the federal work authorization program in accordance applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned employer also attests that its federal work authorization user identification number and date orization are as follows: | | | | |
| | Name of Private Employer | | | | |
| | Federal Work Authorization User Identification Number Date of Authorization | | | | |
| 11 | nereby declare under penalty of perjury that the foregoing is true and correct. | | | | |
| E: | xecuted on the date of, 20 in (city) (state. | | | | |
| | Signature of Authorized Officer or Agent | | | | |
| | Printed Name of and Title of Authorized Officer or Agent | | | | |
| | JBSCRIBED AND SWORN BEFORE ME ON HIS THEDAY OF, 20 | | | | |
| | OTARY PUBLIC ly Commission Expires: | | | | |