



P.O. Box 99, 6055 Main Street, Lula, GA 30554

Phone 770-869-3801 Fax 770-869-1299

October 23, 2009

Dear Business License Holder,

The Secretary of State's Professional Licensing Boards Division currently issues professional licenses through 36 boards. In addition to providing licensure for qualified individuals, the Secretary of State's Office investigates unlicensed practices of behalf of the Boards.

Please note the O.C.G.A § 36-60-6(a) reads in part:

Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented.

The aforementioned code section refers to any of the professions that are regulated by the Division.

As such, we have recently communicated with local business licensing authorities in an effort to ensure individuals have obtained the necessary professional licensure prior to obtaining a business license. We are asking local municipalities to verify state licensure by visiting the Secretary of State's website at <https://secure.sos.state.ga.us/myverification/> before a local business license is issued or renewed.

Please accept this letter as a reminder that no business license should be issued for professions or trades which required state licensure, unless there is verification of such license.

Sincerely,

Dennis Bergin
City Manager



City of Lula
A REMARKABLE PAST. A VERY BRIGHT FUTURE.

BUSINESS LICENSE APPLICATION

Business Name:			
Business Address:			
Business Phone:		Other Phone:	
Mailing Address: <small>(if different from above)</small>			
Business Email:			
Name of Owner:			
Home Address:			
Phone:		Date of Birth:	
Social Security Number		Driver's License Number	
U.S. Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, citizenship:
Business Type (be specific as to what you will be doing)			
Total Employees working in business:			

TYPE OF OWNERSHIP	
Sole Proprietorship:	
Partnership:	
Corporation:	
If corporation, please list the name as it is registered with the Secretary of State's Office:	

*Please attach a copy of state license and any type of photo ID.

I HEREBY AFFIRM THAT THE INFORMATION THAT HAS BEEN WRITTEN ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I WILL BE LIABLE FOR ANY FALSE INFORMATION THAT IS WRITTEN ON THIS FORM.

Notary Public
 Date Commission Expiration

Signature of Owner

O.C.G.A § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from _____
[name of government entity], 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 qualifies 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 on 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 by such criminal statute.

Executed in _____ (city), _____ (state)

Signature of Applicant

Printed Name of Applicant

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

Notary Public

Commission Expiration



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

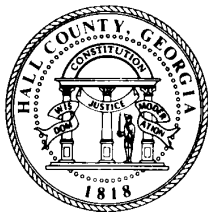
Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.



**HALL COUNTY 9-1-1
BUSINESS
PREMISE INFORMATION FORM**

MAILING ADDRESS:
POST OFFICE BOX 1435
GAINESVILLE, GA. 30503
PHONE:
770.531.6764
FAX:
770.531.3948

Business name: _____ Date: ____/____/____

Business address: _____

Detailed directions to business(i.e.3rd building on the left on street road or name off street road or name).

Description of building(s): _____

Where are the building numbers posted? _____

Is the building visible from the road? Yes: _____ No: _____

Business phone number: (_____) _____

After hours emergency contact: (Please give Primary and alternate persons to contact with appropriate #)

Name: _____ Home number: _____

Cell number: _____

Name: _____ Home number: _____

Cell number: _____

Name: _____ Home number: _____

Cell number: _____

Is your business monitored by an alarm company? Yes: _____ No: _____

If yes, provide name and telephone number of alarm company:

Name: _____ Number: _____

Power company (Provide name): _____

Gas company (Provide name): _____

Please list any hazardous, flammable or combustible materials used, stored or manufactured on premises:

Is there a knox box on premise? Yes: _____ No: _____

If yes, please indicate where: _____

Additional comments: _____

Please fill out and return within two business days to:

MAIL:

POST OFFICE BOX 1435

GAINESVILLE, GEORGIA 30501

OR

FAX:

770.531.3948