

PRIVILEGE APPLICATION CHECKLIST

- _____ 1. Privilege Application completed
- _____ 2. Copy of Driver's License
- _____ 3. Copy of Social Security Card
- _____ 4. Copy of Permanent Resident Card or Alien Registration (both front & Back)
- _____ 5. Copy of State License
- _____ 6. Completed and notarized Private Employer Affidavit
- _____ 7. Completed Marietta Police Department Criminal History Consent Form
- _____ 8. Certified fund payment (cashier's check, money order or cash only)

Revision 07/31/2018



CITY of MARIETTA
Business License and Revenue Division
 205 Lawrence Street
 PO Box 609
 Marietta, Georgia 30061
 Phone: (770) 794-5520 Fax: (770) 794-5685

For Office Use Only
 Tax Cert. No. _____
 Account No. _____
 SIC Code _____
 Zoning _____
 Date _____

PRIVILEGE APPLICATION

INSTRUCTIONS: PLEASE PRINT APPLICATION AND ANSWER ALL QUESTIONS.

1. Full Name of Business _____
 Under What Name is the Business to be Operated? _____
 Is the Business a Proprietorship () ; Partnership () ; Corporation, Domestic () ; Foreign ()
 Enclose partnership agreement or certificate of incorporation including articles of incorporation, if applicable.
 Nature and Character of Business _____
 Projected Gross Receipts (In the State of Georgia from this location) _____
 Federal Tax ID Number _____ Georgia Sales Tax Number _____

2. Location _____

 If the location is not owned, please state name of property owner _____

3. Business Telephone _____ Beginning Date of Business in Marietta _____

4. Full and True Legal Name of Applicant _____
 Any Aliases or Name Changes used in last five (5) years _____

E-Mail Address: _____

Date of Birth _____ Social Security Number _____
 Driver's License Number _____ State _____
 Full Name of Spouse _____
 Date of Birth _____ Social Security Number _____
 Driver's License Number _____ State _____

Where were you born? Street _____ County _____
 City _____ State _____

Current Address: Street _____ County _____
 City _____ State _____

Do you reside in Cobb County? Yes () No () How Long _____
 Number of years at present address _____ In Georgia _____

Telephone: Residence _____

What has been your occupation for the past five (5) years? Give specific details.

5. List all Partners, Individuals and Employees associated with this business.

Give name, address, telephone number, date of birth, and social security number.

6. List name and percent of ownership of all parties.

7. Do you have other stores or locations?

8. Has the applicant, spouse of any individual having an interest either as owner, partner or stockholder been arrested, convicted or entered a plea of nolo contendere within 5 years immediately prior to the filing of this application for any felony or misdemeanor of any state or of the United States of any municipal ordinance except traffic violations.

9. How is the proposed location zoned? _____

By Zoning Administrator _____

10. Are there any fees, taxes, fines, utilities or other charges due to the City of Marietta or Marietta Power?

Yes () No () If yes, please specify. _____

11. Who is the Majority Partner or Stockholder?

12. Please give three (3) character references from individuals who are in no way related to the applicant or individual shareholders, officers or directors of a corporation and who are not or will not benefit financially in any way from

the application if the license is granted and who have not been convicted of any crime involving moral character. Please include name, address and telephone number.

13. Are there any City employees employed by, has a vested ownership interest or is connected in any way, directly or indirectly, with the operation of this business? Yes () No () If yes, please specify.

14. Are you familiar with the City of Marietta ordinances, state laws and regulations, federal laws and regulations governing the operation of this type of business? () Yes () No

GEORGIA, COBB COUNTY

I, _____, being duly sworn to law, do swear that the statements made by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such statements were made in order to procure the granting of such a license. I hereby authorize the Marietta Police Department to obtain and review copies of any criminal and/or driver's histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the Marietta Police Department's investigation. I further certify that I will notify the City of Marietta Business License Division of any changes effecting my status and/or position with this company.

____ I am a United States citizen or legal permanent resident 18 years of age or older;
OR

____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

Alien Registration no. for non-citizens _____

Persons that are not U.S. Citizens must provide **original** immigration card I-551 to the Business License Division for verification and copying. Naturalized citizens must provide their **original** certificate of naturalization for verification by the Business License Division. This applies to the applicant, each owner, each partner, each stockholder with 20% or more ownership, and their spouses. **(Passports will not be accepted.)**

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature Of Applicant (Type Name Before Signing)

Signature And Title Of Person Other Than Applicant Completing This Application (Print Name Before Signing)

Phone Number _____ Work

_____ Home

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20__.

Notary Public

My Commission Expires: _____

Received in City of Marietta Business License and Revenue Division on _____

at _____ a.m. p.m. by: _____

Fingerprinted at Marietta Police Department by:

_____ Date _____

ATTACH CERTIFIED OR CASHIER'S CHECK PAYABLE TO THE CITY OF MARIETTA AS FOLLOWS:

Alcoholic Beverage Wholesalers

- Deposit of Three (3) Months Excise Tax (Reference Marietta City Code 8-8-12-020)
- Beer (Occupation Tax Based on Tax Class 1 or Number of Employees); Processing fee \$100
- Wine (Occupation Tax Based on Tax Class 1 or Number of Employees); Processing fee \$100
- Liquor (Occupation Tax \$1,785); Processing fee \$100
- Copy of State License Required

Private Detectives and Security Businesses

- Occupation Tax (Based on Tax Class 2 or Number of Employees)
- Processing fee (\$100)
- Copy of State License Required

Burglar Alarm System Installations

- Occupation Tax (Based on Tax Class 2 or Number of Employees)
- Processing fee (\$100)
- Copy of State License Required (Low or High Voltage)

Please contact the Business License Division at (770) 794-5520 to schedule an appointment to submit application.

If incorporated, please attach copy of Articles of Incorporation.

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) business license/occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Marietta, Georgia, the undersigned applicant representing the private employer known as

_____ [*printed name of private employer i.e. business name*] verifies one of the following with respect to my application for the above mentioned document:

1. Check box (a) or (b) below

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

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

*****If the employer checked box (a) must fill out Section 2 below.**

2. 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 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the ___ date of _____, 201___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 201___.

NOTARY PUBLIC

My Commission Expires:

MARIETTA POLICE DEPARTMENT
240 LEMON ST. MARIETTA, GA. 30060
PHONE 770-794-5334 FAX 770-794-5301
CHIEF OF POLICE - DAN FLYNN

Georgia Crime Information Center
Criminal History Consent Form

I hereby authorize MARIETTA POLICE DEPARTMENT to receive and review any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand that this information will be used as part of a background investigation completed by the Marietta Police Department.

Full Name (PRINT)

LAST FIRST MIDDLE (MAIDEN)

ADDRESS CITY STATE ZIPCODE

SEX RACE DATE OF BIRTH PLACE OF BIRTH SOCIAL SECURITY NUMBER

List any convictions and/or plea of nolo contendere that has been entered on your record for any felony or misdemeanor charge in any Superior, State, and/or Municipal Court of any state of the United States

SIGNATURE DATE

Special provisions (check if applicable):

Permit Application, (Purpose code 'E')

Business License Application (Purpose code 'E')

Other (Purpose code 'E')

One of the following must be checked:

This authorization is valid for 90 / 180 days (circle one) from date of signature.

DO NOT WRITE BELOW...POLICE USE ONLY

GEORGIA RECORD FOUND (SEE ATTACHED)

NO GEORGIA RECORD FOUND

EMPLOYEE SIGNATURE _____ DATE _____