

FOR CITY USE ONLY

Regulatory

Administrative

PLEASE RETURN WHITE COPY
TO
CITY OF BUFORD
OCCUPATIONAL TAX DEPARTMENT
2300 BUFORD HIGHWAY
BUFORD, GA 30518
(770) 945-6761
FAX (770) 932-7977

FOR CITY USE ONLY

PERMIT NO. _____

S.I.C. NO. _____

FEE _____

DATE _____

MAILING ADDRESS

**BUSINESS NAME & LOCATION IF
DIFFERENT FROM MAILING ADDRESS**

BUSINESS NAME	TELEPHONE	FED ID NO. OR SS#	DATE BUSINESS ESTABLISHED
IN CARE OF	BUSINESS NAME		
STREET OR P.O. BOX	STREET OR P.O. BOX		
CITY, STATE & ZIP	CITY, STATE & ZIP		

BUFORD

YES

-NO

CITY LIMITS OF

BUSINESS IN RESIDENCE

**Enter the Gross Receipts representing Gross
Income during the Preceding Calendar Year. ***
If New Business, Expected Gross Receipts.

DESCRIBE NATURE OF BUSINESS -

This information is strictly confidential.

**CIRCLE
ONE**

CORPORATION

SOLE OWNERSHIP

PARTNERSHIP

LIST NAMES & ADDRESSES
OF OWNERS IF BUSINESS
IS SOLE OWNERSHIP
OR PARTNERSHIP

Parcel Number _____

Zoning _____

Number of Employees _____

***Please consult O.C.G.A. #48-13-59(2) (A)
if you have any questions concerning
what constitutes gross receipts.**

Applications due February 15th.

Date _____

Print Name

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

WITNESS

**AFFIDAVIT VERIFYING STATUS
FOR CITY PUBLIC BENEFIT APPLICATION**

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 the City of Buford, the undersigned applicant
verifies one of the following with respect to his/her 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:

In making the above representation under oath, I understand that any person who knowingly and willfully make 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 Applicant

Printed Name

Sworn to and subscribed before me
this _____ day of _____, 20 _____.

Notary Public