



## ***Manchester Commercial License***

***\*\*\*\*Forms must be filled out completely\*\*\*\****

### **Checklist of items needed (if applicable)**

- Copy of Lease (if renting)
- Buyers Agreement (if you own the building)
- Closing Statement (if recent purchase)
- Sales Tax ID 404-417-4490 / Employer Identification Number 1-800-829-4933
- Legal I.D. Street Number of Property
- State License (if license required by the State of Georgia)
- Department of Agriculture Inspection (if applicable, 404-656-3645)
- Health Inspection (Health Department if applicable, 706-672-4974)
- Incorporation Letter (Corporation, Closed Corporation Or LLC)
- Completed Application
- E-Verify form if over 10 employees
- Business License Affidavit & Status Affidavit
- Safe Serve Certificate if restaurant.
- Payment after Building Dept., Zoning Dept., and Fire Dept. have signed off on documents.
- Mobile Home Parks must provide an inventory of all mobile homes located in the park and provide approval from the Meriwether County Tax Commissioners Office.

**Note: If you have purchased an existing business, the previous business owner must close out their business and all taxes associated with it must be paid in full prior to the issuance of the new owner's business license.**

**City Of Manchester Commercial License Application**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Contact / Manager: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Federal Employer Identification Number / Ga sales tax I.D. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

\_\_\_\_\_

**Check one of the following:**

**Corporation**/Limited Liability Company

Date of Incorporation / LLC: \_\_\_\_\_

State of Incorporation / LLC: \_\_\_\_\_

(Please provide proof of Incorporation / Limited Liability from the Secretary of State)

**Single Proprietor**/Partnership

\_\_\_\_\_

**State License**

(If State license is required for your type of business, please attach a copy)

License Name: \_\_\_\_\_ License Number: \_\_\_\_\_

\_\_\_\_\_

*I hereby make an application for a Business Certificate to conduct the above-described business in the City of Manchester. I understand that approval must be obtained from the departments having authority prior to issuance of said certificate. By the signature below, I do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this license.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Manchester Police Department Emergency Business Listing Information**

(Form must be filled out completely)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Contact / Manager: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and Telephone Number of Alarm Company: \_\_\_\_\_

Normal Hours of Operation: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information**

(List at least three people at different locations and phone numbers)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Commercial Business License Approval

**\*\*\*\*This form must be approved by the City of Manchester & Zoning Departments before issuing a Commercial Business License \*\*\*\***

Business Name: \_\_\_\_\_

Complex Name (If Applicable): \_\_\_\_\_

Landlord / Property Owners Name: \_\_\_\_\_

\*\* (If renting or leasing you must provide a copy of lease agreement) \*\*

Will any construction be required? \_\_\_\_\_

Description of construction: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### (Office Use Only)

Prior business name at this location: \_\_\_\_\_

Prior use of building: \_\_\_\_\_

Last date a license was issued at this location: \_\_\_\_\_

#### Zoning Dept.

Approved  Denied Date

Initial \_\_\_\_\_ Date \_\_\_\_\_

#### Building Dept.

Approved  Denied Date

Initial \_\_\_\_\_ Date \_\_\_\_\_

#### Fire Dept.

Approved  Denied Date

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Verification of Lawful Presence with the United States**

By executing this affidavit under oath, as an applicant for an Occupation Business License as reference in O.C.G.A 50-36-1 from The City of Manchester, 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(f) (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 a 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 Manchester Georgia

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My 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, occupation tax certificate, or other document required to operate a business in O.C.G.A 36-60-6 (d):

**Section 1.** Please check only one:

(A) \_\_\_\_\_ On January 1<sup>st</sup> 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.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below- signed year, the individual, firm, or corporation employed ten (10) for fewer employees.

\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

**The employer has registered with the utilized the federal work authorization program in accordance with the applicable provisions and deadline established in O.C.G.A 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

**I hereby declare under penalty of perjury that the forgoing is true and correct.**

**Executed on** (month) \_\_\_\_\_, (day) \_\_\_\_\_, 202\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 202\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_