

Augusta-Richmond County Planning & Development  
Residential Division: 1803 Marvin Griffin Road Augusta, GA 30906  
Commercial Division: 535 Telfair Street Suite 300 Augusta, GA 30901

Main Office: 706.312.5050  
Office: 706.312.5050 ext.4  
Office: 706.312.5050 ext.3

Business License Number: \_\_\_\_\_

Email: [PDDTECHS@AUGUSTAGA.GOV](mailto:PDDTECHS@AUGUSTAGA.GOV)

*OFFICE USE ONLY*

Start date of New Business: \_\_\_\_\_

Estimated Yearly Gross Revenue <sup>(1)</sup>: \$ \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(Complete Mailing Address – City, State, Zip Code)

Physical Location: \_\_\_\_\_  
(Complete Street Address– City, State, Zip Code) – P.O. BOX or VIRTUAL OFFICE SPACE NOT ACCEPTED

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of Notices:  Electronic  Mail

Preferred Method of Contact:  Mailing  Address  Phone  Text Message  Email

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

Owner/Entity's Name and Address: \_\_\_\_\_

Is Owner a Disabled Veteran?  Yes  No If yes, \_\_\_\_\_ %

Last 4 SSN (Required): \_\_\_\_\_ Primary Contact Number: \_\_\_\_\_

Officer's Name and Address: \_\_\_\_\_

Last 4 SSN (Required): \_\_\_\_\_ Officer's Position / Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Local Contact Name: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Number of Employees (only working in Augusta-Richmond County): \_\_\_\_\_ Number of Professionals: \_\_\_\_\_

<sup>(1)</sup> Professionals and certain practitioners have the option of paying \$400 Professional Fee per practitioner in lieu of reporting gross receipts.

\*Check with the Business Tax Office to determine eligibility for this option.

Number of Decals: Contractor \_\_\_\_\_ Transportation \_\_\_\_\_ Vending Machines \_\_\_\_\_ Food Truck \_\_\_\_\_

Federal Tax ID: (EIN #) \_\_\_\_\_ State Tax ID: (Dept. Of Revenue #) \_\_\_\_\_

*In accordance with the Business Ordinance of Augusta, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this application, including the accompanying schedules and statements and that the same are true, correct, and complete.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Read and Initial each statement below:**

\_\_\_\_\_ I understand that Business Licenses Certificates expire on December 31<sup>st</sup> of each year. It is the responsibility of the business owner to renew the business license beginning January 1<sup>st</sup> through January 31<sup>st</sup> each year to avoid late fee penalties.

\_\_\_\_\_ I understand that Gross Revenue Request are due prior to October 31<sup>st</sup> of each year to avoid "Failure to Submit Fees" or penalties.

\_\_\_\_\_ I understand that it is my responsibility as business owner to contact Planning and Development 706.312.5050, if I did not receive my gross revenue request form by the end of September of each year. I understand that not returning the gross revenue request form will cause me a Failure to Submit Fee penalty in addition to my account.

\_\_\_\_\_ I understand the penalty fees will not be dropped for my failure to submit timely reports or payments.

\_\_\_\_\_ I understand I must Report Changes in Location of business promptly to avoid a Penalty of \$500.00 USD.

# Systematic Alien Verification for Entitlements (SAVE) Affidavit

Affidavit Verifying Status for Augusta, Georgia  
Public benefit Application with License and Inspection Division  
Pursuant to O.C.G.A. §50-36-1 (e) (2)

By executing this affidavit under oath, as an applicant for: (**check all that apply**)



- Augusta-Richmond County, GA Business License or Georgia Occupational Tax Certificate
- Alcohol License
- Taxi Permit
- Other public benefits, including \_\_\_\_\_ as referenced in O.C.G.A. §50-36-1

→ From Augusta, Georgia, 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 is 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.

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 the O.C.G.A. §16-10-20, and face criminal penalties as allowed by such a criminal statute.

→ Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

→ Business Name \_\_\_\_\_

**Business License Number** \_\_\_\_\_

*OFFICE USE ONLY*



\_\_\_\_\_  
**Signature of Owner or Officer**



\_\_\_\_\_  
**Printed Name of Owner or Officer**

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

Notary Seal

**Business Name:**

**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:**

(A)  On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed **more than ten (10)** employees<sup>1</sup>.

**\*\*\* 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) or fewer** employees.

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

**Section 2.**

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines 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 (E-VERIFY)

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

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

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

> \_\_\_\_\_  
Signature of Owner or Authorized Officer

> \_\_\_\_\_  
Printed Name and Title of Owner/ Authorized Officer

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

Notary Seal



Planning & Development Department  
535 Telfair St. Suite 300 Augusta, GA 30901

(706) 312-5050

Fax: (706) 312-4277

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**Fire Inspection Application**

**BUSINESS NAME** \_\_\_\_\_

**BUSINESS OWNERS NAME** \_\_\_\_\_

**CONTACT NUMBER** \_\_\_\_\_

(This should be a local contact.)

**PHYSICAL ADDRESS** \_\_\_\_\_

( ) Check here if this is a new business    ( ) Check here if this is a location change only

**EMAIL ADDRESS** \_\_\_\_\_

**DESCRIPTION OF THE BUSINESS BEING CONDUCTED** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_