GRADY COUNTY CODE ENFORCEMENT
250 N. BROAD ST. BOX 6 ~ CAIRO, GEORGIA 39828
(229) 377-8857

Ck #_____

Rec #_____

BUSINESS LICENSE APPLICATION

Owner / Applicant _____

Address_____ City _____State _____ Zip _____

Phone_____ Fax_____ Cell_____

Business
Name_____

Is This An Existing Business? _____ Date Established_____

If New Business a Copy of C.O._____ Date Issued_____

Tax Location: Map_____ Parcel_____

E-Mail Address _____

Business Location
Address_____ City _____State _____ Zip _____

Business
Phone_____ Fax_____ Cell_____

Mailing
Address_____ City _____State _____ Zip _____

Type of
Business_____

Owner / Applicant Signature _____ Date _____

Approval to Issue by Building Dept. _____ Date _____

Business license application 10-20-26

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E-VERIFY REGISTRATION CAN BE ACCESSED THROUGH: http://www.dhs.gov/e-verify

E-Verify

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation **employs more than ten employees** and 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. § 13-10-90. Furthermore, the undersigned private employer herby attest that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Employer/Business

[ ] I employ more than 10 employees and have registered with E-Verify as required by law.

_____
E-Verify/Federal Work Authorization User Identification Number

_____
Date of Authorization

[ ] I do not employ more than 10 employees and are exempt from registering with E-Verify.

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

Executed on _____, _____, 20____ in _____ (city), _____(state).

_____ _____
Signature of Authorized Office or Agent Printed Name and Title of Authorized Officer or Agent

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

_____
NOTARY PUBLIC

My Commission Expires: _____

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