

SECTION IV—LIST THE NUMBER OF EMPLOYEES (NEW BUSINESS)

____ NEW BUSINESS ONLY

Please list the number of **Owners** of this Business as of the Date of this Return (whether paid or not)

Please list the number of **Full-time** Employees Employed in this Business as of the Date of this Return
_____ (full-time employees = 40 hours per week)
(If there are no employees—List Zero)

Please list the number of **Part-time** Employees Employed in this Business as of the Date of this Return

_____ Total Number of Part-Time Employees

_____ Total Hours Worked per week for
ALL part-time employees

*If the number of employees should change during the current year, please file
an amended Return indicating the actual number of employees*

SECTION IV—LIST THE NUMBER OF EMPLOYEES (RENEWAL ONLY)

____ RENEWAL ONLY

Please list the number of **Owners** of this Business as of the Date of this Return (whether paid or not)

Please list the number of **Full-time** Employees Employed in this Business as of the Date of this Return
_____ (full-time employees = 40 hours per week)
(If there are no employees—List Zero)

Please list the number of **Part-time** Employees Employed in this Business as of the Date of this Return

_____ Total Number of Part-Time Employees

_____ Total Hours Worked per week for
ALL part-time employees

*If the number of employees should change during the current year, please file
an amended Return indicating the actual number of employees*

SECTION V—READ CAREFULLY BEFORE SIGNING

This Return is due in the Clerk’s Office on or before the 15th of November of each year before a certificate can be issued. Failure to file this Return by the 15th of November will result in a penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund. I understand the City may also seek equitable relief by way of injunction in the Murray County Superior Court in response to falsification of this Return.

_____ Signature

_____ Date

***Affidavit Verifying Status
for City Public Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Eton, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Eton, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit:

Check one:

- Business License or Occupation Tax Certificate
- Alcohol License
- Taxi Permit
- Other Public Benefit

Name of Person applying on behalf of individual, business, corporation, partnership or other

Name of Business, Corporation, Partnership or other

1) I am a United States Citizen

OR

2) I am a legal permanent resident 18 years of age or older or I am an otherwise 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.*

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

Date

Printed Name:

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

___ DAY OF _____, 20___

Alien Registration number for non-citizens

Notary Public: _____

* _____

My commission expires: _____

***Note: O.C.G.A. 50-36-1 €(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number my supply another identifying number here: _____**