

City of Arcade

Office of
Mayor and Council

706-367-5500

P.O. Box 417
Jefferson, GA 30549

OCCUPATIONAL TAX CERTIFICATE APPLICATION

APPLICATION MUST BE FILLED IN COMPLETELY

DATE: _____

NAME: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ WORK/HOME TELEPHONE: _____

NAME OF BUSINESS: _____ # OF EMPLOYEES: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

DAYS/HOURS OF OPERATION _____

GENERAL DESCRIPTION OF BUSINESS CONDUCTED: _____

_____ # OF GAMES: _____

NAME AND ADDRESSES OF OFFICERS IF A CORPORATION: _____

NAME AND ADDRESSES OF PARTNERS IF A PARTNERSHIP: _____

LIST COMPLETE RECORD OF ALL ARRESTS AND CONVICTIONS AGAINST THE APPLICANT AND EVERY PARTNER, OFFICER, OR DIRECTOR OF THE APPLICANT FOR VIOLATION OF ANY LAWS AND ORDINANCES OF THE TOWN, STATE, OR FEDERAL GOVERNMENT: _____

OWNER SIGNATURE

TITLE

NOTARY PUBLIC SEAL:

SWORN TO AND SUBSCRIBED THIS _____ DAY OF _____ 20____, THAT THE ABOVE INFORMATION IS CORRECT.

Notary Signature



MAYOR
Doug Haynie
COUNCIL MEMBERS
Ron Smith
Dean Bentley
Cindy Bone
Tom Hays
Ricky Walker

BACKGROUND INVESTIGATION CONSENT

I, _____, being either an applicant or employee to a public safety agency or employee – agree to comply with the Georgia Crime Information Center (GCIC) Rules and Regulations. I comply with the GCIC Personnel Security Standards Rule 140-2-09 and consent to investigation of my moral character, reputation, and honesty. I agree to submit to fingerprint identification checks. Said investigations will produce sufficient information to determine my suitability and fitness for employment.

I, _____, understand that the City of Arcade can disqualify me for employment or terminate me if I have been convicted by any state or federal government for any felony or have been convicted of sufficient misdemeanors to establish a pattern of disregard for the law. I may be disqualified or terminated due to giving false information, releasing confidential information/criminal history record information to improper authorities, and I agree to sign a CJIS Access Awareness Statement.

I, _____, hereby authorize Jackson County Public Safety Communications Center to receive any criminal or drivers history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

I understand this document completely, and will submit to such investigations as stated above.

Employee or Applicant	Signature	Date
Address	City	State
Sex	Race	Social Security Number
Witness	Signature	Date
Notary Public	My Commission Expires	Date

CITY OF ARCADE

AFFIDAVIT VERIFYING APPLICANT'S LAWFUL IMMIGRATION STATUS

STATE OF GEORGIA

COUNTY OF JACKSON

Before the undersigned officer authorized to administer oaths appeared

_____, who being duly sworn, deposes
(print First, Middle and Last Name here)

and states under oath as follows:

I am over the age of 21 years and I am not suffering from any legal disabilities which would prevent me from making this affidavit.

I am executing this affidavit under oath as an applicant for a City of Arcade, Georgia Business License or Occupation Tax Certificate, Alcohol License or other public benefit as defined in O.C.G.A. § 50-36-1. I am applying for this public benefit on behalf of the following individual, business, corporation, partnership or other private entity:

(print First, Middle and Last Name here)

Check the following option (1) or (2) that applies to you:

(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, Title 8 U.S.C., as amended, 18 years if age or older and lawfully present in the United States with an Alien Registration number of: _____

In making this affidavit, 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 O.C.G.A. § 16-10-20.

Signature of Applicant

Date

Applicant's Printed First, Middle, and Last Name

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

Notary Public

My Commission Expires