



Business License Renewal Application
Office of the City Clerk
P. O. Box 247
186 Hwy 441 Bypass, Baldwin, GA 30511

Baldwin Business License #: _____ Year Applying For: _____

Business Name: _____

Business Address: _____ Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (all City communications will be sent to this address):

- Same as Business Address
- Different from Business Address: _____

Business Phone Number: (_____) _____ - _____

Business Description (will be listed on license): _____

EIN #: _____ Driver's License #: _____

State License #: _____ Expiration Date: _____

E-Verify # (if applicable): _____

Ownership Type:

- Corporation
- Partnership
- LLC
- Single Owner
- Association

Were there any changes to the business since receiving your last business license?

- No
- Yes; Please Specify: _____

Local Manager/Keyholder: _____ Title: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ - _____

Email: _____

Emergency Contact: _____	Title: _____
Address: _____	Suite: _____
City: _____	State: _____ Zip Code: _____
Phone Number: (_____) _____ - _____	
Email: _____	

Please check the box below to indicate the number of employees. Any renewal applications received after December 31st are subject to a monthly penalty. Please contact Baldwin City Hall at 706-778-6341 or cityclerk@cityofbaldwin.org to confirm what is owed prior to payment.

Licenses will not be issued to businesses with any outstanding balance. Commercial locations are also subject to an annual Life Safety Code inspection conducted by Baldwin Fire Department.

Check Box	Number of Employees	Occupational Taxes After December 31 st Deadline
<input type="checkbox"/>	1 - 4	<i>Call City Hall to confirm amount due.</i>
<input type="checkbox"/>	5 - 8	<i>Call City Hall to confirm amount due.</i>
<input type="checkbox"/>	9 - 12	<i>Call City Hall to confirm amount due.</i>
<input type="checkbox"/>	13 - 50	<i>Call City Hall to confirm amount due.</i>
<input type="checkbox"/>	51 - 100	<i>Call City Hall to confirm amount due.</i>
<input type="checkbox"/>	101 +	<i>Call City Hall to confirm amount due.</i>
<input type="checkbox"/>	Professional Service	<i>Call City Hall to confirm amount due.</i>

I, _____ (print name), do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all City of Baldwin and State of Georgia ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. I acknowledge that I am responsible for all applicable taxes accrued at this location. Should this business close, I am responsible for submitting proper documentation to the appropriate offices in the City of Baldwin.

Signature: _____ Title: _____ Date: _____

Please Check One:

- Please mail my renewed business license to the mailing address on page 1.
- Please contact me by phone when my business license is ready for pick up at City Hall.



Affidavit Verifying Status

Office of the City Clerk

P. O. Box 247

186 Hwy 441 Bypass, Baldwin, GA 30511

Affidavit Verifying Status for City Public Benefit Application (SAVE)

By executing this affidavit under oath, as an applicant for the City of Baldwin, Georgia Business Occupational Tax Certificate, as referenced in O.C.G.A § 50-36-1, I am stating the following with respect to my application for a Business Occupational Tax Certificate.

I, _____ (print name), on behalf of _____
(name of business/corporation/entity):

1. ____ I am a United States Citizen

OR

2. ____ I am a legal permanent resident, 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 willingly 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

Printed Name of Applicant

**Alien Registration Number of Non-Citizen

Subscribed & Sworn Before Me

On this ____ Day of _____, 20____.

Notary Public

My Commission Expires: _____

(seal)



Private Employer Exemption Affidavit (E-Verify)

Office of the City Clerk

P. O. Box 247

186 Hwy 441 Bypass, Baldwin, GA 30511

Pursuant to O.C.G.A § 36-60-6(d)

By executing this affidavit, the undersigned private employer (or its authorized agent) verifies that it is exempt from compliance with the O.C.G.A § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer full time employees and is not required to register with and/or utilize 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 § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

Executed on this _____ day of _____, 20____ in _____(City), _____ (State).

Subscribed & Sworn Before Me

On this _____ Day of _____, 20_____.

Notary Public

My Commission Expires: _____

(seal)



Commercial Property Owner Affidavit
Office of the City Clerk
P. O. Box 247
186 Hwy 441 Bypass, Baldwin, GA 30511

If operating a business out of a commercial property that is leased, the property owner and business owner must both sign this document in the presence of a notary public. Please read this document thoroughly to ensure it is completed correctly prior to submitting. Please direct any questions to cityclerk@cityofbaldwin.org.

By executing this affidavit, the undersigned property owner authorizes the undersigned tenant to operate a business at the leased property listed below, with the understanding and agreement that this affidavit does not replace any current contractual agreements with the property owner.

Name of Business: _____

Business Description: _____

Complete Leased Property Address: _____

 Signature of Property Owner

 Signature of Business Owner

 Printed Name of Property Owner

 Printed Name of Business Owner

Subscribed & Sworn Before Me

Subscribed & Sworn Before Me

On This _____ Day of
 _____, 20_____.

On This _____ Day of
 _____, 20_____.

 Notary Public

 Notary Public

 My Commission Expires

 My Commission Expires

(seal)

(seal)



Residential Property Owner Affidavit
Office of the City Clerk
P. O. Box 247
186 Hwy 441 Bypass, Baldwin, GA 30511

If operating a business out of a leased residential property, the property owner and business owner must both sign this document in the presence of a notary public. Please read this document thoroughly to ensure it is completed correctly prior to submitting. Please direct any questions to cityclerk@cityofbaldwin.org. Notary publics are available at City Hall.

By executing this affidavit, the undersigned property owner authorizes the undersigned tenant to operate a business at the leased property listed below, with the understanding and agreement of the following:

1. This property will strictly be used as a physical mailing address for the business only. The tenant will not use this property for client meetings, consultations, or other gatherings related to business.
2. Any business inventory/supplies will be properly stored inside the building in accordance with ICC Property Maintenance Code. No hazardous or flammable materials may be stored on the property.
3. Business operations will not inhibit the natural flow of traffic or parking surrounding the leased property, nor cause or allow any unreasonable loud noise or activity that might disturb the rights, comforts, and/or conveniences of neighboring properties.
4. This affidavit does not replace any current contractual agreements with the property owner.

Signature of Property Owner

Signature of Business Owner

Printed Name of Property Owner

Printed Name of Business Owner

Name of Business: _____

Business Description: _____

Complete Leased Property Address: _____

Subscribed & Sworn Before Me
 On This _____ Day of _____, 20____.

Notary Public

My Commission Expires

(seal)