



APPLICATION FOR INDIVIDUAL ALCOHOLIC BEVERAGE LICENSE

GENERAL INSTRUCTIONS

All forms must be completed and all additional documents included in the application when it is returned. Incomplete applications will not be processed and will be returned to the applicant for completion.

A survey of the property by a Registered Land Surveyor is required on all new locations.

All new license applications must be considered by the City Commission at a regular meeting. Regular meetings are the second and fourth Monday at 7:00 p.m.

A Criminal History Records Check is required for an individual applicant and for the Manager/Operator/Designee for Partnership or Corporate application. Also, each corporate officer or partner must provide a sworn notarized affidavit that he/she has no criminal history for the past ten (10) years and meets all qualifications required in the Alcoholic Beverage Regulations of the City of Douglas.

The City of Douglas utilizes Georgia Applicant Processing Systems (GAPS) to obtain Criminal History Records Checks. The applicant and manager/operator/designee must register with the City of Douglas Code Enforcement Division. Once registration is complete, a REGISTRATION ID will be provided. The applicant and manager/operator/designee **must** take this REGISTRATION ID or their Social Security Number to a GAPS fingerprint location to be fingerprinted for their background check. The Social Security Number is not a valid option if it is not entered during the registration process.

Applicants must provide valid proof of identity at the GAPS fingerprint location. The GAPS location in Douglas at 1320 South Madison Ave. The fingerprinting fee is \$51.50.

Advertisements in the Legal Organ will not be scheduled until the application is complete and all required information received. Advertising and fees are the responsibility of the applicant

All licenses expire at Midnight of December 31st of the license year and must be approved for renewal annually. Renewal applications are mailed in November and must be returned by November 30 to allow time for processing.

License fees are not pro-rated.

It is the responsibility of the Licensee, Manager/Operator, Partnership or Corporation to become familiar with the Alcoholic Beverage Regulations and to instruct all employees connected with the sale, service or dispensing of alcoholic beverages.

Changes in Manager/Operator/Designee must be reported in writing within 48 hours. The city has the right to accept or reject any manager who does not meet minimum qualifications set forth in the alcoholic beverage regulations.

Each licensed establishment will be issued one copy of the Alcoholic Beverage Regulations. The Licensee, Manager/Operator or other official must sign acknowledgement of receipt of the regulations.



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE COMMISSIONER OF INSURANCE SAFETY FIRE COMMISSIONER INDUSTRIAL LOAN COMMISSIONER COMPTROLLER GENERAL FACILITIES UNDER JURISDICTION OF THE STATE FIRE MARSHAL'S OFFICE

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR., DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056
TDD# (404) 656-4031
www.gainsurance.org

The following web address of the Official Code of Georgia Annotated §25-2-13 (b) list the facilities that fall under the State Fire Marshal's jurisdiction except for provided in O.C.G.A §25-2-12 and O.C.G.A. §25-2-12.I. http://www.legis.state.ga.us/legis/GaCode/Title25.pdf O.C.G.A. 25-2-13 (b) (1) Certain buildings and structures, because of construction or use, may constitute a special hazard to property or to the life and safety of persons on account of fire or panic from fear of fire. Buildings constructed or used in the following manner present such a special hazard:

- (A) Buildings or structures more than three stories in height;
(B) Any building three or more stories in height and used as a residence by three or more families, with individual cooking and bathroom facilities for each family;
(C) Any building in which there are more than 15 sleeping accommodations for hire, with or without meals but without individual cooking facilities;
(D) Any building or group of buildings which contain schools and academies for any combination of grades one through 12 having more than 15 children or students in attendance at any given time and all state funded kindergarten programs;
(E) Hospitals, Ambulatory health care centers, mental health institutions, orphanages, nursing homes, convalescent homes, old age homes, jails, prisons, reformatories, and all administrative, public assembly, and academic buildings of colleges, universities, and vocational-technical schools.
(F) Racetracks, stadiums, and grandstands;

(G) Theaters, auditoriums, restaurants, bars, lounges, nightclubs, dance halls, recreation balls, and other places of public assembly having an occupant load of 300 or more persons, except that the occupant load shall be 100 or more persons in those buildings where alcoholic beverages are served;

(G.1) Churches having an occupant load of 500 or more persons in a common area or having an occupant load greater than 1,000 persons based on total occupant load of the building or structure; (H) Department stores and retail mercantile establishments having a gross floor area of 25,000 square feet on any one floor or having three or more floors that are open to the public. For purposes of this subparagraph, shopping centers and malls shall be assessed upon the basis of the entire area covered by the same roof or sharing common walls;

(I) Group day-care homes and day-care centers required to be licensed or commissioned as such by the Department of Early Care and Learning and in which at least seven children receive care.

(J) Personal care homes required to be licensed as such by the Department of Human Resources and having at least seven beds for non-family adults.

"THE OFFICE OF INSURANCE AND SAFETY ARE COMMISSIONER DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT."



APPLICANT STATEMENT OF QUALIFICATIONS

Minimum Qualifications:

The applicant for an alcoholic beverage license shall meet the following qualifications:

- (1) Minimum 21 years of age.
- (2) Must be of good moral character and a citizen of the United States or a legal permanent resident or an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the United States. Any such alien shall have been lawfully admitted for permanent residence for at least one year prior to application.
- (3) Meet all minimum requirements for such license imposed by the state.
- (4) The license applicant shall not have been convicted within ten years of the date of application of any felony, misdemeanor, excepting minor traffic violations, or any violations of the laws or ordinances of the city, state or United States relating to the distribution, sale or dispensing of alcoholic beverages or any crime involving moral turpitude. A plea of nolo contendere for any felony or misdemeanor of any city, state or federal court, or a forfeiture of a bond when charged with a crime is hereby considered a conviction under this chapter; provided, however, where the violation is for a misdemeanor or the forfeiture of bond involves a municipal ordinance, the board of commissioners in its discretion may waive such disqualification

Statement of qualification by the applicant:

I, _____, do hereby swear or affirm that I meet all the above qualifications.

X _____
Applicant signature

Misstatement, concealment of fact:

Any misstatement or concealment of fact by the applicant shall be grounds for denial and/or revocation of the license issued and shall make the applicant liable for prosecution for perjury under the laws or ordinances of the city, state and/or United States Government.

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE**

____ DAY OF _____, 20 ____

NOTARY PUBLIC
My Commission Expires:



INDIVIDUAL ALCOHOLIC BEVERAGE LICENSE APPLICATION

FULL NAME _____

ADDRESS _____ PHONE (____) _____ - _____

CITY _____ AGE _____ D.O.B. _____

STATE _____ ZIP _____ SOCIAL SECURITY _____

PERSONAL REFERENCES (NON-RELATED)

Table with 6 columns: NAME, ADDRESS, CITY, STATE, ZIP, PHONE. Includes three horizontal lines for data entry.

BUSINESS NAME _____

ADDRESS _____

ALCOHOLIC BEVERAGE TYPE: () WINE () BEER () LIQUOR

CLASS OF LICENSE ___WHOLESALE ___RETAIL ___CONSUMPTION

ALCOHOLIC BEVERAGE TYPE: () WINE () BEER () LIQUOR

- TYPE OF BUSINESS () LOUNGE () NIGHT CLUB () PRIVATE CLUB () RESTAURANT () GROCERY STORE () DRUG STORE () CONVENIENCE STORE

Do you or any member of your family have an interest in any distillery, wholesale liquor business or any other alcoholic beverage business? () Yes () No

If yes, explain _____

I certify that the information provided in this application is true and correct to the best of my knowledge. It is my responsibility to keep the City of Douglas informed, in writing, of any changes that may affect my qualifications as a licensee for alcoholic beverages.

Applicant Signature X _____

Date _____



MANAGER/OPERATOR INFORMATION

FULL NAME _____

ADDRESS _____ PHONE _____

CITY _____ AGE _____ D.O.B. _____

STATE _____ ZIP _____ SOCIAL SECURITY _____

PERSONAL REFERENCES (NON-RELATED)

NAME ADDRESS CITY STATE ZIP PHONE

Four horizontal lines for entering personal references.

I certify that the above named manager/operator is responsible for the management and/or conduct of business connected with the operation of the herein named business and devotes a minimum of thirty (30) hours per workweek in that capacity.

X _____ Licensee Signature

X _____ Manager Signature

X _____ PRINT NAME OF LICENSEE

X _____ PRINT NAME OF MANAGER

It shall be the responsibility of the owner and/or licensee to notify in writing, within 48 hours, the as, City of Douglas Code Enforcement Division, of any change made by the licensee in the manager, operator or designee for the operation of the licensed premises.

The City of Douglas has the right to accept or reject such manager, operator or designee based upon the results of an investigation of the criminal history record of said individual. The licensee shall be notified in writing, within 48 hours as to the results of said investigation.



Private Employer / E-Verify Affidavit

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:

On January 1st of the below-signed year, the individual, firm, or

(A) _____ corporation employed **more than ten (10) employees¹**.

***** If you select Section 1(A), please fill out Section 2 and then execute below. *****

On January 1st of the below-signed year, the individual, firm, or

(B) _____ 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:

E-Verify Number

(Federal Work Authorization User Identification Number)

Date of Authorization

THIS FORM MUST BE NOTARIZED

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

Executed on _____ of _____, 202__ in _____.
Day Month Year City State

Name of Employer

X

Signature of Authorized Officer or Agent

X

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires: _____ ¹ *To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.*



S.A.V.E. Affidavit Verifying Status for Public Benefit with City of Douglas

By executing this affidavit under oath, as an applicant for a City of Douglas

[Check Applicable Box Below]

- Business Occupation Tax Certificate (Business License),
- Alcohol Beverage License/Permit,
- Other Public Benefit as referenced in O.C.G.A. Section 50-36-1 _____.

I am stating the following with respect to my application to The City of Douglas for the license, permit or other public benefit as indicated above.

Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.

Name of corporation, business or partnership, if any applies.
[Check the blank that applies below]

1) _____ I am a United States citizen 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. **(You must include a copy of your secure and verifiable document with this form, such as a State issued driver's license, military identification card, unexpired U.S Passport, etc.) (You must submit the secure and verifiable document with this form.)**

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *All persons that check this box must be verified through DHS's SAVE program. **(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)**

In making the above statement 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 O.C.G.A. Section 16-10-20.

X _____ - _____ - 20_____
Signature of Applicant Date

NOTARIZATION REQUIRED:
SUBSCRIBED AND SWORN BEFORE
ME ON THIS _____, DAY OF _____,
20____.

X _____
Printed Name

Notary Public

My Commission Expires:

*Alien Registration number for non-citizens

*Note: O.C.G.A. § 50-36-1(3)(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 may supply another identifying number below:

Alternate Identifying number for qualified aliens who do not have an A.R. number



Acknowledgement

I authorize Identogo to conduct a fingerprint based criminal history record check of me.

I understand that Identogo will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Identogo and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Identogo will not maintain a copy of my record and that Identogo meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

Date _____

X _____
Signature

X _____
Print Name



GCIC Consent Form

Georgia Crime Investigation Center

In signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Name: _____
Last Name
First Name
Middle Name

Address: _____
Street Address
City
State
Zip Code

Sex: Male / Female (Circle One) Race: _____

Date of Birth: _____
Month
Day
Year

Social Security #: _____

Previous Names Used & Time Periods:

Previous Name (First/Middle/Last)	Dates Used (MM/YYYY)
	From: _____ To: _____
	From: _____ To: _____
	From: _____ To: _____

You Must Check One Below:

_____ This authorization is valid for **90 Days / 180 Days** (Circle one) from signature date.

_____ I give consent to perform periodic criminal history checks for the duration of my employment with this company.

Signature

_____ - 202_____
Date

Print Name



ALCOHOLIC BEVERAGE ORDINANCE

I, _____ do hereby acknowledge receipt of a copy of the **City of Douglas Alcoholic Beverage Ordinance**. I understand that it is my responsibility to become familiar with its contents and to instruct my employees as to its content.

Date _____

Signature of Licensee **X** _____

NCJ Applicant's Privacy and Rights & Privacy Act Statement

I, _____ do hereby acknowledge receipt of a copy of the **NCJ Applicant's Privacy and Rights & Privacy Act Statement**. I understand that it is my responsibility to become familiar with its contents.

Date _____

Signature of Applicant **X** _____



Delinquent tax and Debt Clearance Form

This form must be completed by the following departments that is located at the Coffee County Court House, 101 S. Peterson Ave, Douglas Ga. 31533.

NO LICENSES WILL BE ISSUED OR RENEWED IF THE BUSINESS OWNER OR THE PROPERTY OWNER HAS ANY OUTSTANDING DEBTS OR TAXES OWED TO THE CITY OR THE COUNTY (CODE SECTION 10-46)

Applicant _____ Property Owner _____

Solid Waste Management X _____

Title

A DELINQUENT DEBT/TAX OWED () YES () NO

Business Register (Tax Assessors Office) X _____

Title

A DELINQUENT DEBT/TAX OWED () YES () NO

Property Tax Office (Tag Office) X _____

Title

A DELINQUENT DEBT/TAX OWED () YES () NO

Signature and/or supporting documents must accompany this form.



Business Name _____

After reviewing the application, for an Alcohol Beverage License, it is my recommendation that the application be: () *Accepted* or () *Denied*.

X

Brannen Pruette
Chief of Police

- - 20
Date

Reason for Denial:

- Background Investigation
- Unpaid Monies
- Zoning or Location

Other _____



Business Name _____

After reviewing the application, for an Alcohol Beverage License, it is my recommendation that the application be: () *Accepted* or () *Denied*.

X

Mary Mireles
Code Enforcement Supervisor

Date _____ - _____ - **20**_____

Reason for Denial:

- Background Investigation
- Unpaid Monies
- Zoning or Location

Other: _____



Building/Fire Inspection Approval Form

An Occupational Tax Certificate will not be issued until an inspection of commercial property is made by the Inspections & Permits Division and the Fire Department.

Name of Business _____

Address _____

Contact Person & Phone #: _____

Inspection scheduled for _____ @ _____ a.m. /p.m.

BUILDING INSPECTOR FORM

Building Inspections: Inspector Shane Pridgen – (912) 389-3423

Inspection:

Approved Denied
 Pending _____

Inspected By _____ Date _____

Comments:

FIRE DEPARTMENT INSPECTION FORM

Fire Inspections: Inspector Brantley Anderson – (912) 384-4815 or (912) 501-7952

Inspection:

Approved Denied
 Pending _____

Inspected By _____ Date _____

Comments:

After the inspection, the Douglas Fire Department Inspection Division will provide a **Fire Inspection Report** for you to return to the Code Enforcement Division with the completed application.

Minimum Requirements: Minimum 5 lb. ABC Fire Extinguisher, Smoke Detector(s), Address Numbers (at least 4" in height, and visible from street,) Exit Signs and Emergency Lights (as needed.) Return the completed and signed form to the Code Enforcement Division



*** This form will be completed by the Code Enforcement Division ***

ADVERTISEMENTS IN THE LEGAL ORGAN WILL NOT BE SCHEDULED UNTIL THE APPLICATION IS COMPLETE AND ALL REQUIRED INFORMATION IS RECEIVED BY THE CITY OF DOUGLAS CODE ENFORCEMENT DIVISION.

ADVERTISING AND FEES ARE THE RESPONSIBILITY OF THE APPLICANT.



Legal Advertisement

Notice to the Public

_____ has made application to the City of Douglas for an **alcoholic**
Name of Person

beverage license, for On Premises Consumption / Retail Sales for _____,
circle which applies *Name of Business*

Located at _____ This application will be heard by the
address of business
City Commission at a regular meeting, to be held at **6:00 p.m. on,** _____
Day of Week

_____, **of 20** _____, **in the Council Chambers at City Hall, 302**
Month *Date* *Year*

Madison Ave S, Douglas, Georgia 31533.

This ad must be advertised not more than 21 days or less than 10 days prior to the date listed above.

Advertise on: _____

APPROVED FOR ADVERTISEMENT _____
CITY OFFICIAL



THIS FORM MUST BE COMPLETED AND RETURNED TO THE CODE ENFORCEMENT OFFICE

Check List

- Location / Zoning Approved.
- Survey - By a Registered Land Surveyor is required on all new locations.
- Application fee
- Search made for unpaid monies owed to City of Douglas and Coffee Co.
- Criminal History Waiver(s)
- G.A.P.S. Waiver(s)
- Criminal histories received. () Licensee () Manager
- If Corporation, sworn notarized affidavits from each officer (no criminal history.)
- All applicable pages have been notarized.
- Advertisements in the Legal Organ form.
- Copy of legal advertisement.
- Approval from City of Douglas Fire Department and State Fire Marshal's Office.
- Reviewed by Chief of Police Date reviewed _____ / _____ / 20__ .
- Presented to City Commission on _____ / _____ / 20__ .
- () Approved () Denied
- Issued copy of Alcoholic Beverage License Ordinance. Date _____ - _____ - 20__ .
- Signed and received Privacy Rights and Statement.

Notes: _____



NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website \(http://gbi.georgia.gov/obtaining-criminal-history-record-information\)](http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website \(http://gbi.georgia.gov/obtaining-criminal-history-record-information\)](http://gbi.georgia.gov/obtaining-criminal-history-record-information).



PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



Frequently Asked Questions (FAQs)

How do I know if I need a Georgia Sales & Use Tax number? Where and how do I obtain a Georgia Sales & Use Tax number?

Businesses are required to collect sales taxes on the retail sale of merchandise, the rental of certain items and for certain services. Contact the Georgia Department of Revenue at (404) 417-4490 for information and to obtain your sales tax number: <http://www.dor.ga.gov>.

Where can I obtain an Employee Identification Number (EIN) or Tax I.D. Number?

The Employee Identification Number (EIN) or Tax I.D. Number is issued by the Internal Revenue Service. Please contact the Business and Specialty Tax Line at (800) 829-4933. If you do not operate your business under an EIN or Tax I.D. Number, then you must provide the responsible person's Social Security Number.

What is a NAICS Code and where do I obtain one?

NAICS stands for North American Industry Classification System and is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. You will obtain a NAICS Code from the U.S. Census Bureau: <http://www.census.gov/eos/www/naics>. You may already have a NAICS code assigned to your business which you can find on previous tax returns or you may contact your accountant.

E-VERIFY FAQs:

What is E-Verify?

U.S. law requires companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization. E-Verify is an Internet-based system that allows businesses to determine the eligibility of their employees to work in the United States. E-Verify is fast, free and easy to use – and it's the best way employers can ensure a legal workforce. <http://www.uscis.gov/portal/site/uscis>
O.C.G.A § 36-60-6 requires registration with and use of E-Verify for private employers of 11 or more employees and submission of an E-verify affidavit for all private employers applying for an occupation tax certificate/business license.

Who should sign the E-Verify Affidavit?

The applicant that signed the application for the public benefit must be the individual signing the E-Verify Affidavit. Applicants should be authorized to sign on behalf of the company.

Do applicants need to sign the E-Verify Affidavit every time a benefit is requested or renewed?

Not necessarily. Once a company/organization submits an E-verify Affidavit, with an E-verify number and the date of authorization, submission of another E-verify affidavit is not necessary unless the E-verify number changes. Also, if a company/organization submits an E-verify affidavit claiming exemption from E-verify registration, any subsequent applications will not require submission of an E-verify affidavit unless the status of the company changes; the company/organization must simply assert its exemption upon each application.

Can I email or fax a copy of the E-Verify Affidavit?

Yes. The E-Verify Affidavit can be mailed, emailed or faxed. It must be completed in its entirety.

What if the applicant, who has applied for a public benefit, refuses to sign the E-Verify Affidavit?

If the applicant refuses to sign the E-Verify Affidavit the City will not provide the public benefit. The City is required to submit an annual compliance report to the Department of Audits and Accounts for all contracts entered into for the 'physical performance of services. Beginning January 1, 2012, the same provisions will apply to the issuance of occupational tax certificates and other licenses/permits.

Where do I find information regarding E-Verify and the O.C.G.A. § 36-60-6 law online?

Please visit this website <http://www.lexisnexis.com/hottopics/gacode/Default.asp> for detailed information regarding O.C.G.A. § 36-60-6.



SAVE Affidavit FAQs:

What is SAVE? Where can I find the law?

The Georgia General Assembly passed legislation in 2007 that makes compliance with SAVE a requirement. The Law is codified in O.C.G.A. § 50-36-1 & 2 and requires, among other things, that state agencies and departments and every political subdivision of the state, including cities, verify the lawful presence in the United States of any applicant for a public benefit; verification requires the applicant to submit a SAVE affidavit and secure and verifiable document. Occupational tax certificates, business licenses, alcohol licenses, and any other document required to engage in business are considered public benefits.

Who should sign the SAVE Affidavit?

The applicant that signed the application for the public benefit must be the individual signing the SAVE Affidavit. Applicants should be authorized to sign on behalf of the company.

What is a secure and verifiable document?

Please visit the Attorney General's Office website at <http://law.ga.gov/> for a list of secure and verifiable documents. The most common one is a Georgia Driver's License.

Do applicants need to sign the SAVE Affidavit and submit a secure and verifiable document every time a benefit is requested or renewed?

Not necessarily. If an applicant submits an affidavit indicating he/she is a United States Citizen, along with a valid secure and verifiable document, the applicant does not need to submit a new affidavit or secure and verifiable document with every application/renewal. Submission of a SAVE affidavit and secure and verifiable document is required for all non-citizens at the time of each application/renewal.

How can I submit the SAVE Affidavit and Secure and Verifiable Document?

Both may be submitted via mail, email or in person.

What if the applicant who has applied for a public benefit refuse to sign the SAVE Affidavit?

If the applicant refuses to sign the SAVE Affidavit the City will not provide the public benefit. The City has signed a contract with the Department of Homeland Security that requires the City to verify eligibility prior to granting a public benefit. This includes business and alcohol licenses.

If the applicant is not a United States citizen, what documentation must they provide so the City can run the applicant through the SAVE system?

The applicant must provide the City with a document issued to him/her by the Department of Homeland Security as evidence of lawful presence in the United States. These documents include but are not limited to an Arrival/Departure Record (Form I-94), Permanent Resident Card (Form I-551) or Employment Authorization Document (Form I-766).

Where can I find the O.C.G.A. § 50-36-1 law online?

Please visit this website <http://www.lexisnexis.com/hottopics/gacode/Default.asp> for detailed information regarding O.C.G.A. § 50-36-1.

After completing your registration and submitting your fingerprints, It is your responsibility to notify the Douglas Code Enforcement Office that you have completed your registration and when you have submitted your fingerprints. You may contact the City of Douglas Code Enforcement Office at (912) 389-3462 or (912) 383-2665.