

## City of Walnut Grove Business License Affidavit

### **Sec. 26-35. - Display of license.**

It shall be the duty of any person conducting a licensed business in the city to keep his/her license posted in a conspicuous place on the premises used for such business at all times.

### **Sec. 26-36. - Inspections.**

(a) *Search of premises.* Whenever inspections are a reasonable precedent to the licensing of a business or to the detection of violations of public peace, order, or morality that would normally be cause to revoke a license for any period of time, it shall be the duty of the licensee, or the person in charge of the premises to be inspected, to admit thereto, for the purpose of making the inspection, any officer or employee of the city who is authorized or directed to make such inspection at any reasonable time that admission is requested.

(b) *Testing of material.* Whenever an analysis of any commodity or material is a reasonable precedent to the licensing of a business or to the detection of violations of the public welfare that would normally be cause to revoke a license for any period of time, it shall be the duty of the licensee of the municipality whose business is governed by such provision to give to any authorized officer or employee of the city requesting the same, sufficient samples of such material or commodity for such analysis.

(c) *Refusal to allow inspection.* In addition to any other penalty which may be provided, the mayor may revoke the license of any licensed proprietor of a licensed business in the city who refuses to permit any officer or employee who is authorized to make such inspection or take such sample to make the inspection, or take an adequate sample of the said commodity, or who interferes with such officer or employee while in the performance of his/her duty in making such inspection; provided that no license shall be revoked for such cause unless written demand is made upon the licensee or person in charge of the premises, in the name of the city, stating that such inspection or sample is desired at the time it is sought to make the inspection or obtain the sample.

## **Contact Information Required**

Each business shall provide emergency contact information, including: Business owner or license holder's contact information and current on-site manager or shift leader's contact information.

## **Brick and Mortar Establishments**

It is the intent of the City of Walnut Grove to grant licenses only to active business entities. An active entity may be determined through posted hours (and adherence to posted hours), no evidence of vacancy, or through business transactions.

A business that remains inactive for more than 30 days will be notified of revocation of the entity's business license. Before any revocation occurs, the city will hear any appeal on or after 15 days notice to the business entity at a regularly scheduled council meeting.

## **Food and Food Establishment**

Before a business license is issued or renewed to any food establishment in the city, written approval from the county department of public health shall be on file with the city, stating that the premises have been inspected and that the establishment meets the requirements of the state food laws. Any such license shall be revoked upon the recommendation of said department of public health if a nuisance or health hazard is created or exists. A recommendation to revoke such license shall not be made, however, until the establishment has failed or refused to comply, within a reasonable time, with the rules and regulations applicable.

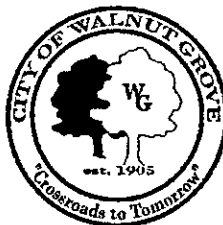
No person shall engage in handling food or food products, in any form or container, for distribution in the city, without a permit from the state.

**State Law reference**— Permits for food service establishments, Ga. Code Ann., § 26-2-371 et seq.

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



FEES: Renewal/New \$100.00 + \$10 for each employee  
Late Fee 10% of permit fee or \$25.00 (whichever is greater)  
Late Fee Assessed January 16, 2026

## City of Walnut Grove Business License Application

NAME OF BUSINESS \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
DESCRIPTION OF BUSINESS \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_  
(If corporation or partnership please attach names, home address, email addresses, phone numbers of officers, directors, and partners)

Is this a food service establishment? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please attach current health inspection/food service permit)

STATE LICENSE # \_\_\_\_\_ EXPIRATION DATE (if applicable) \_\_\_\_\_  
(We require a copy of the state license and drivers license of applicant)

FEDERAL IDENTIFICATION # \_\_\_\_\_ HOW MANY EMPLOYEES \_\_\_\_\_

If your property is not zoned commercial, your business is considered a Home Occupation  
HOME OCCUPATION: YES \_\_\_\_\_ NO \_\_\_\_\_

HAS THE APPLICANT, PARTNER, OFFICER OR DIRECTOR EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY VIOLATION OR ANY AND ALL LAWS ANY AND ORDINANCES OF THE CITY, STATE OR FEDERAL GOVERNMENT? \_\_\_\_\_ (If yes explain on reverse side)

ALL INFORMATION FURNISHED SHALL BE KEPT IN STRICT CONFIDENCE BY THE CITY.

FALSE STATEMENT ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE REVOCATION OF SUCH LICENSE. IF LICENSE IS ISSUED, THE LICENSE IS NOT TRANSFERABLE AND IS SUBJECT TO BE REVOKED IF ABUSED, WITH OR WITHOUT NOTICE OR HEARING. **(NO LICENSE WILL BE ISSUED IF CITY OR COUNTY TAXES ARE IN ARREARS)**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
MAYOR

\_\_\_\_\_  
MAYOR PRO-TEM

\_\_\_\_\_  
COUNCIL MEMBER

\_\_\_\_\_  
COUNCIL MEMBER

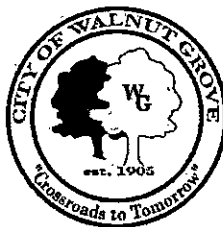
\_\_\_\_\_  
COUNCIL MEMBER

\_\_\_\_\_  
ATTEST: CITY CLERK

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_



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**BUSINESS EMERGENCY CONTACT INFORMATION**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

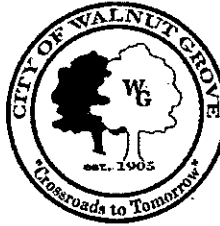
Normal Business Hours: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_



## City of Walnut Grove Business License Application

### AFFIDAVIT OF LICENSE OR PERMIT APPLICANT OR BENEFIT APPLICANT

As an applicant for any city: 1) License, 2) permit or 3) benefits (including new employment by the city which provides employee benefits, and including labor and construction and other independent contractor contracts with the city which provides benefits to the contractor), in compliance with Georgia Code Section 50-36-1, the Georgia Security and Immigration Compliance Act, and per the Federal "Systematic Alien Verification for Entitlements (SAVE) Program, I sign the affidavit under oath, certifying I am not an unauthorized alien, and further certifying none of my employees or subcontractors (if any) are unauthorized aliens, and furthermore I initial the appropriate designation for myself below:

\_\_\_\_\_ I am a United States Citizen;

\_\_\_\_\_ I am legal permanent resident of the United States 18 years of age or older

\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older (alien registration number as follows: \_\_\_\_\_), and I certify that I am lawfully present in the United States.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. Section 50-36-1 (e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
In making the above sworn certification, 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 O.C.G.A. 16-10-20 of the Official Code of Georgia.

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

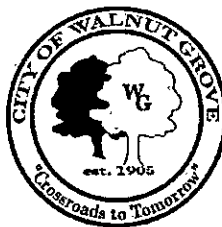
SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_



## City of Walnut Grove Business License Application

### AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICANT

By executing this affidavit under oath, as an applicant for the City of Walnut Grove, Georgia Business License or Occupation Tax Certification, 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 Walnut Grove, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for \_\_\_\_\_.

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

1) \_\_\_\_\_ I am a United States Citizen

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or \* 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 160-10-20** of the Official Code of Georgia.

Signature of Applicant: \_\_\_\_\_

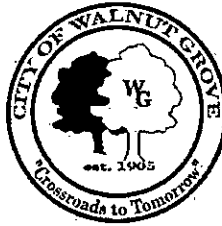
Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\*Alien Registration Number for Non-Citizen: \_\_\_\_\_

*\*Note: O.C.G.A. 50-36-1(e)(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:*

\_\_\_\_\_



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*Required for  
brick & mortar  
AND  
Home based  
businesses?*

**PRIVATE EMPLOYER AFFIDAVIT URSUANT TO §O.C.G.A. 36-60-6(d)**  
**Required by the State of Georgia**

By Executing this affidavit under oath, as an applicant for an occupational tax certificate (Business License) as referenced in §O.C.G.A. 36-60-6(d), from the City of Walnut Grove, the undersigned applicant representing the private employer known as \_\_\_\_\_ (business name) verifies one of the following with respect to my application for the above mentioned document:

1. Check box (a) or (b) below:

- (a) \_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed (11) or more employees. (Please fill out Section 2 and 3 below).
- (b) \_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed (10) or less employees. (Please fill out Section 3 below).

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(d). The undersigned private employer also attests that its federal work authorization user identification number and the date of authorization are as listed below:

Federal Work Authorization User Identification Number (E-Verify Number) \_\_\_\_\_

Date of Authorization \_\_\_\_\_

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 §O.C.G.A. 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city),  
GA, (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed name of and title of Authorized  
Officer or Agent

PRIVATE EMPLOYER AFFIDAVIT URSUANT TO §O.C.G.A. 36-60-6(d) (Continued)

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_