

# City of Arcade

Office of  
Mayor and Council

706-367-5500

PO BOX 417  
Jefferson GA 30549

## OCCUPATIONAL TAX CERTIFICATE APPLICATION

### APPLICATION MUST BE FILLED IN COMPLETELY

TODAY'S DATE: \_\_\_\_\_ **\$25.00 Fee Due w/Application.** Paid by \_\_CASH or \_\_CHECK # \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

BUSINESS (PHYSICAL) ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DAYS/HOURS OF OPERATION: \_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS CONDUCTED: \_\_\_\_\_

\_\_\_\_\_ # OF GAMES: \_\_\_\_\_

NAME AND ADDRESS OF OFFICERS IF A CORPORATION: \_\_\_\_\_

NAME AND ADDRESS OF PARTNERS IF A CORPORATION: \_\_\_\_\_

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: \_\_\_\_\_

NOTARY PUBLIC SEAL:

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

\_\_\_\_\_  
Notary Public Signature



**MAYOR**  
Doug Haynie

**COUNCIL MEMBERS**  
Ron Smith  
Cindy Bone  
Tom Hays  
Jenny Buley  
Denise Black

**Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form**

I hereby authorize the Jackson County Public Safety Communications Center to conduct an inquiry for the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

|                          |             |                      |                               |
|--------------------------|-------------|----------------------|-------------------------------|
| <b>Full Name (print)</b> |             |                      |                               |
| <b>Address</b>           |             |                      |                               |
| <b>Sex</b>               | <b>Race</b> | <b>Date of Birth</b> | <b>Social Security Number</b> |
|                          |             |                      |                               |

This authorization is valid for 90 days from date of signature.

I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

**Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.**

| NON-CRIMINAL JUSTICE PURPOSES                   |  |
|---|--|
| E   | Employment   |
| M   | Employment direct care with Mentally Ill/Developmentally Disabled  |
| N   | Employment direct care with Elderly                                |
| W   | Employment direct care with Children                               |
| P   | Public Record (no consent required)                                |
| F   | Probate Court/Weapons Carry License                                |
| PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY) |  |
| U   | Personal Copy (stamp return "personal copy")                       |
| CRIMINAL JUSTICE EMPLOYMENT                     |  |
| J   | Civilian Criminal Justice Employment (state and III data received) |
| Z   | Sworn Criminal Justice Employment (state and III data received)    |

**This inquiry resulted in the following (check all that apply):**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | No criminal history available                          |
| <input type="checkbox"/> | Criminal history available (attached/released)         |
| <input type="checkbox"/> | No NCIC/GCIC Warrant                                   |
| <input type="checkbox"/> | Possible NCIC/GCIC Warrant (list Wanting agency below) |
| <input type="checkbox"/> | Wanting Agency Name:                                   |
| <input type="checkbox"/> | Wanting Agency Telephone:                              |

\_\_\_\_\_  
Agency Designee and Title

\_\_\_\_\_  
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 and states under oath  
(*print First, Middle and Last Name here*)  
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 Occupational Tax Certificate, Alcohol License or other public benefit is 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 year 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 of 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