

126 Washington Street P. O. Box 59 Warwick, Georgia 31796 Office: 229-535-6256 Fax: 229-535-4767 warwickcityhall@gmail.com

Mayor: Juanita R. Kinchen City Clerk: Judy Martin Asst. City Clerk Tammy Wright Police Chief: Thomas Stewart

Mayor

City Council
Pro-Tem Christopher Wheeler
Walter Vinson
Jacqueline Hill

## **APPLICATION FOR OCCUPATIONAL CERTIFICATE 2023**

BUSINESS NAME:	
OWNER'S NAME (S):	
BUSINESS ADDRESS:	
BUSINESS TYPE:	
Occupational Tax Certificate amount per Tax Class SIC code \$complete)	(We will
A copy of your state license number if required by law.	
Please return the application to the above address.	
Thank you,	
Juanita Kinchen	

## CITY OF WARWICK BUSINESS LICENSE APPLICATION

Name of Applicant:
Address:
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Telephone:
Place of Birth:
BUSINESS INFORMATION
Business Name:
Address:
Nature of Business:
Proposed Number of Employees:
Bonded or insured: Yes No Company Name:
State Certified for the Business: State Certification Number:
Tax Identification Number:No
Do You Own Any Other Business in Warwick? Yes No Worth County? Yes No
If this business is a corporation, please list all names, social security numbers and address of all
officers, directors, and registered agents. (Use back of sheet)
Applicant hereby affirms that all of the above information is true and correct and also understands that the issuance of a business license in the City of Warwick is on the business conforming to all applicable
Ordinances and Codes.
Applicant Signature:
FOR OFFICE USE ONLY
APPROVED DENIED

## Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an application Business License or Occupation Tax Certificate, A benefit as referenced in O.C.G.A. Section 50-36-1 application for a City of, Business Certificate, Alcohol License, Taxi Permit or other	lcohol License, Taxi Permit or other public, I am stating the following with respect to my License or Georgia Occupational Tax
Name of natural person applying on behalf of indother private entity]	ividual, business, corporation, partnership, or
1) I am a United States citizen	
OR ·	
2) I am a legal permanent resident 1 qualified alien or non-immigrant under the Federa age or older and lawfully present in the United Sta	l Immigration and Nationality Act 18 years of
In making the above representation under oath, I uknowingly and willfully makes a false, fictitious, or representation in an affidavit shall be guilty of a vithe Official Code of Georgia.	or fraudulent statement or
	Signature of Applicant: Date
	Printed Name:
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF, 20	* Alien Registration number for non-citizens
Notary Public My Commission Expires:	
*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens und U.S.C., as amended, provide their alien registration numbe federal definition of "alien", legal permanent residents mulaliens that do not have an alien registration number may supplied the supplied that the	r. Because legal permanent residents are included in the stalso provide their alien registration number. Qualified