

**CITY OF ELBERTON**  
**REGULATORY PERMIT APPLICATION**  
*(For Businesses Located Outside Corporate Limits)*

Registration and payment is due between January 1 and March 31 of each year.

Mail to: City of Elberton  
City Clerk  
PO Box 70  
Elberton, GA 30635

Regulatory Permit Fee: **\$30.00**

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Business Name:

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Mailing Address:

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City, State, Zip:

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Contact Name:

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Phone Number:

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Number of persons employed in business:

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Type of work to be conducted:

\_\_\_\_\_ RETAIL/WHOLESALE    \_\_\_\_\_ SERVICE    \_\_\_\_\_ HEATING/AIR\*  
\_\_\_\_\_ CONSTRUCTION    \_\_\_\_\_ PLUMBING\*    \_\_\_\_\_ ELECTRICAL\*

\*PLEASE PROVIDE A COPY OF YOUR STATE LICENSE WITH THIS FORM.

I certify that the information given on the return is true and correct, to the best of my knowledge.

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SIGNATURE

TITLE

DATE



**SAVE AFFIDAVIT**  
**Affidavit Verifying Status for Public Benefit**  
**Pursuant to O.C.G.A. 50-36-1(E)(2)**

**\*To be completed by all owners of business.**

By executing this affidavit under oath, as an applicant for a license, permit or other public benefit as referenced in O.C.G.A. 50-36-1, from the City of Elberton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Select one:

- I am a United States citizen.** Please see link for acceptable forms of identification:  
<http://law.ga.gov/immigration-reports>
- I am a legal permanent resident of the United States. Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.\*\*** Please see link for acceptable forms of identification:  
<http://law.ga.gov/immigration-reports>

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

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. 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 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 as allowed by such criminal statute.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Name of Business

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_