

**CITY OF LINCOLNTON**  
**APPLICATION FOR OCCUPATIONAL TAX / BUSINESS LICENSE**

( ) New      ( ) Renewal      YEAR \_\_\_\_\_

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

Type: ( ) Retail      ( ) Wholesale      ( ) Service

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

Business Location: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If a partnership, provide a list of partners names and their addresses.

If a corporation, provide a list of officers and directors and their addresses.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of business activity: \_\_\_\_\_

Any business required to obtain health permits, bonds, certifications of qualifications, certificates of competency, or any other regulatory matter shall provide evidence of such qualification **BEFORE** the issuance of the license.

Total number of employees: \_\_\_\_\_

Sales / use tax id #: \_\_\_\_\_

E-verify #: \_\_\_\_\_

Total amount due: \_\_\_\_\_

**CERTIFICATION:** I certify the information contained herein is true and correct to the best of my knowledge. I understand that all business licenses expire on December 31<sup>st</sup> and must be renewed annually. Should the tax remain unpaid for 90 days from the due date, a penalty will be incurred. I acknowledge that the **ONLY** renewal **NOTIFICATION** I will receive will be via e-mail if I provide my e-mail address. A copy of the official City of Lincoln code is available at [www.municode.com](http://www.municode.com) or at City Hall.

SIGNATURE OF APPLICANT: \_\_\_\_\_

**AFFIDAVIT VERIFYING STATUS  
FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for the CITY OF LINCOLNTON, Georgia Business License or Occupation Tax Certificate, 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 Lincolnton 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)

\_\_\_\_\_ I am a United State Citizen, or

\_\_\_\_\_ I am a legal permanent resident 18 years of age or older, or I 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 16-10-20 of the Official Code of Georgia.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Alien Registration Number of Non-Citizens

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Commission Expires \_\_\_\_\_