



City of Johns Creek
 Revenue
 11360 Lakefield Drive
 Johns Creek, Georgia 30097
 (678) 512-3242
 www.johnscreekga.gov

20__ Insurers License Fee Application

Business Name and Mailing Address:

Due Date: January 1, 20__

FEIN: _____

NAIC Number: _____

| | Number of Additional Locations | Fee | Amount Due |
|---|--------------------------------------|----------|------------|
| License Fees for Additional Business Locations - - - - - | _____ | \$150.00 | _____ |
| Additional Business Locations with Certain Risks - - - - - | _____ | \$52.50 | _____ |
| Sub-Total - - - - - | _____ | | _____ |
| Insurer Annual License Fee - - - - - | | | \$150.00 |
| Total Fees - - - - - | | | _____ |
| Zoning Fee of \$30.00 (One (1) Time Fee for Commercial Locations Within City Limits)- - - - - | | | _____ |
| Total Amount Due - - - - - | | | _____ |

Form must be completed and submitted with full payment of all fees by check or money order made payable to the *City of Johns Creek* and mailed to the following address:

City of Johns Creek
 Revenue
 11360 Lakefield Drive
 Johns Creek, GA 30097

Signature of Individual Completing Form

Name and Title

Phone

Date

| STAFF USE | |
|-----------------|---|
| REVENUE: | Initials: _____ |
| | Control #: _____ |
| | Receipt #: _____ |
| | License #: _____ |
| ZONING: | Initials: _____ |
| | Review Date: _____ |
| | Prop. Zoned: _____ |
| | Use Allowed: <input type="checkbox"/> YES <input type="checkbox"/> NO |



City of Johns Creek
Revenue
11360 Lakefield Drive Johns
Creek, Georgia 30097
(678) 512-3242
www.johnscreekga.gov

Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____, swear or affirm under penalty of perjury that (*check one*):

- I am a United States citizen or legal permanent resident 18 years of age or older;
- I am a legal permanent resident of the United States.
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (*check one*):

- Alcoholic Beverage License for _____
Print Business Name
- Alcohol Employee Pouring Permit
- Occupation Tax Certificate _____
Print Business Name
- Door-to-Door Salesmen/Solicitors Permit
- Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Print Name of Applicant

Position Title (if applicable)

Signature of Applicant

Date

Subscribed and sworn to before me on

this the _____ day of _____, 20_____.

(Clerk/Notary Public)

My commission expires: _____