



**Tax Commissioner's Office**  
**188 Third Street**  
**Macon, Georgia 31201**  
**Mail to: Tax Commissioner's Office**  
**PO Box 4503**  
**Macon, GA 31206-4503**

## **FORTUNE TELLER APPLICATION**

☐ New License

☐ Renewal

☐ Transfer of Location

☐ Transfer of Ownership

**Application Fee: \$100.00**

**\*Renewal Fee: \$100.00**

Name of Business: \_\_\_\_\_ Corporate/Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

### **AGENT / OWNER INFORMATION**

AGENT NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

AGENT ADDRESS: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

AGENT TELEPHONE: \_\_\_\_\_

OWNER TELEPHONE: \_\_\_\_\_

AGENT DATE OF BIRTH: \_\_\_\_\_

OWNER DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: *(If Different From Business Address)*

OWNER / AGENT'S EMAIL ADDRESS: \_\_\_\_\_

### **CERTIFICATION**

I (APPLICANT) \_\_\_\_\_ BEING THE (TITLE) \_\_\_\_\_  
(PRINT NAME) (EX; OWNER/PRESIDENT/MANAGER/AGENT)

hereby certify the above information to be true, correct, and I have read and understand the application procedure and understand that I will not open or conduct any business until my license has been **issued or renewed** at this location.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

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

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

You must complete the following only if you are **NOT a United States Citizen**:  
(S.A.V.E) Systematic Alien Verification For Entitlements affidavit  
and provide a copy of: (SVD) Secure and Verifiable Document (see list attached)

Name-Based Criminal History Record Information Consent/Inquiry From

I hereby give consent for the \_\_\_\_\_ conduct an inquiry and receive  
\_\_\_\_\_ Criminal Justice Agency  
any Georgia criminal history record information pertaining to me which may be contained in the files of any state or  
local criminal justice agency in Georgia. I further authorize the B.C.S.O. to relay that information to Requesting Entity:  
.....via:

US Mail \_\_\_\_ In-Person Pick-Up \_\_\_\_ Encrypted Email Address: \_\_\_\_\_

Full Name (Print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for \_\_\_\_ 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 Codes E and U Only) Bar Number Date

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

Purpose Code used: (Check all that apply)

<input type="checkbox"/>	Employment (E) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M)- Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N)- Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Public Records (P)- Provides Georgia Felony Convictions Only
<input type="checkbox"/>	Personal Copy (U) - Includes Restricted and Sealed arrests (not to be used for employment)
<input type="checkbox"/>	Civilian Criminal Justice (J)- State and Ill Info Received
<input type="checkbox"/>	Sworn Criminal Justice Employment (Z) - State and Ill Info received

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

<input type="checkbox"/>	No Georgia CHRI results available
<input type="checkbox"/>	Georgia CHRI attached/released
<input type="checkbox"/>	No NCIC/GCIC Warrant results available
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency Listed Below
Wanting Agency Name:	
Agency Telephone:	

\_\_\_\_\_  
Agency Designee Signature and Title Date

**MACON-BIBB COUNTY, GEORGIA**  
**(S.A.V.E.) SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS**  
**O.C.G.A. § 50-36-1 (e) (2) Affidavit**

By executing this affidavit under oath, as an applicant for a Macon-Bibb County, Georgia, Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1; the undersigned applicant verifies **one** of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the attached list.**
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

**Please check only one option above and submit the required documents with your application. Please note that the failure to do so will result in a processing delay.**

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.

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.

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

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

\*Signature of Applicant: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
MY COMMISSION EXPIRES

## Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 Issued February 20, 2018, by the Office of the Attorney General, Georgia

- The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.
- The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.
- **An unexpired United States passport or passport card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States military identification card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired driver’s license** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]1
- **An unexpired identification card** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired tribal identification card** of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be accessed at: <https://www.bia.gov/tribal-leaders-directory> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States Permanent Resident Card or Alien Registration Receipt Card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Employment Authorization Document** that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Free and Secure Trade (FAST) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- **An unexpired NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired driver's license issued by a Canadian government authority** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.
- **A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Report of Birth issued by the United States Department of State** (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Birth Abroad issued by the United States Department of State** (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Consular Report of Birth Abroad issued by the United States Department of State** (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



# Macon-Bibb County

## Certificate of Good Standing

**Instructions:** This Certificate is used to certify the tax compliance status of certain individuals or business entities with a connection to a person or business that is applying for or being considered for some privilege with the Macon-Bibb County Government. These privileges may include:

- Obtaining a building permit, plat approval, building inspection report, or certificate of occupancy
- Obtaining or renewing any alcohol or privilege license
- Being appointed to any board or position of trust requiring confirmation of the County Commission.
- Being awarded a contract through a formal competitive bid or proposal process
- Being awarded a non-competitive contract over \$50,000.00
- Registering to bid on any surplus real property sold by the Macon-Bibb County Government or the Macon-Bibb County Tax Commissioner
- Any other privilege granted by Macon-Bibb County which may require certifying tax compliance status

If **AN INDIVIDUAL OR SOLE PROPRIETORSHIP** is applying for a privilege requiring this form, then that individual must complete this Certificate using his or her name as both the applicant and the subject.

If **AN ENTITY** is applying for a privilege requiring this form, then an owner or manager must complete this Certificate using the entity's name as both the applicant and the subject; and **ONE ADDITIONAL CERTIFICATE** must be completed **FOR EACH** individual identified as an owner in the entity's Certificate.

**FOR BOTH INDIVIDUALS AND ENTITIES**, if the privilege requested is a building permit, plat approval, building inspection report, certificate of occupancy, alcohol license, or other privilege license, then **ONE ADDITIONAL CERTIFICATE** must be completed listing the landowner of the construction site or business location as the subject.

All required completed certificates must be submitted together. Giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

# Macon-Bibb County

## Certificate of Good Standing

1.Name and Title of the Business Owner: \_\_\_\_\_

2.Name of the subject of this Certificate, if different from the applicant: \_\_\_\_\_

3.Benefit or privilege for which the applicant is applying (mark one):

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Plat Approval	<input type="checkbox"/> Building Inspection Report	<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Alcohol License (Any)	<input type="checkbox"/> Privilege License (Any other than alcohol)	<input type="checkbox"/> Political Appointment	<input type="checkbox"/> Competitive Contract Bid or Proposal
<input type="checkbox"/> Non-Competitive Contract over \$50,000	<input type="checkbox"/> Registering to Bid on Real Property	<input type="checkbox"/> Other: _____	

4.If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% of more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.I, the undersigned, do hereby swear or affirm that the information contained in this Certificate is true and complete to the best of my available knowledge. I further swear or affirm that, as of today, none of the individuals or entities listed in this Certificate are more than 90 days delinquent on the payment of any ad valorem property taxes due to the Macon-Bibb County Government. I understand that giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

\_\_\_\_\_  
Print and Sign Name

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires:

# Macon-Bibb County

## Certificate of Good Standing

1.Name and Title of the Property Owner: \_\_\_\_\_

2.Name of the subject of this Certificate, if different from the applicant: \_\_\_\_\_

3.Benefit or privilege for which the applicant is applying (mark one):

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Plat Approval	<input type="checkbox"/> Building Inspection Report	<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Alcohol License (Any)	<input type="checkbox"/> Privilege License (Any other than alcohol)	<input type="checkbox"/> Political Appointment	<input type="checkbox"/> Competitive Contract Bid or Proposal
<input type="checkbox"/> Non-Competitive Contract over \$50,000	<input type="checkbox"/> Registering to Bid on Real Property	<input type="checkbox"/> Other: _____	

4.If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% of more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Print and Sign Name

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires:



# Macon-Bibb County

## Certificate of Good Standing

1. Name and Title of the applicant: \_\_\_\_\_

2. Name of the subject of this Certificate, if different from the applicant: \_\_\_\_\_

3. Benefit or privilege for which the applicant is applying (mark one):

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Plat Approval	<input type="checkbox"/> Building Inspection Report	<input type="checkbox"/> Certificate of Occupancy
<input type="checkbox"/> Alcohol License (Any)	<input type="checkbox"/> Privilege License (Any other than alcohol)	<input type="checkbox"/> Political Appointment	<input type="checkbox"/> Competitive Contract Bid or Proposal
<input type="checkbox"/> Non-Competitive Contract over \$50,000	<input type="checkbox"/> Registering to Bid on Real Property	<input type="checkbox"/> Other: _____	

4. If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% or more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Print and Sign Name

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My Commission Expires: