



## CONTRACTORS REGISTRATION FORM

200 1st Street N.E., Moultrie, GA 31768

P: 229-668-7223 F: 229-668-7650

[www.moultriega.com](http://www.moultriega.com)

***Please type or print registration form.***

Date: \_\_\_\_\_ Business: \_\_\_\_\_ Existing \_\_\_\_\_ New \_\_\_\_\_ Email: \_\_\_\_\_

SS #: \_\_\_\_\_ Fed ID #: \_\_\_\_\_

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

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

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

Description of Business: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Fees listed below are for businesses located inside Moultrie City Limits.

**State trade contractors (located outside of the Moultrie City Limits) pay a one-time \$30.00 registration fee**

|   | Annual Fees | Pro-rated Fees (After July 1) |
|---|-------------|-------------------------------|
| Sub-Contractors<br>(Roofer, Painter, Handyman, etc.)          | \$90.00     | \$45.00                       |
| State Trade Contractors<br>(Electrician, Plumber, HVAC, etc.) |             |                               |
| Located in the Moultrie City Limits                           | \$110.00    | \$55.00                       |

**NOTE: Applications will not be processed without the proper documentation or payment. Required documentation: A current: (1) State Card, (2) Soil Erosion Card (Building Contractors Only), (3) Occupational Tax Certificate (your home locality), (4) Photo ID, and, (5) Building Contractors must have a completed Authorization Form for persons other than who is listed on the State Card.**

**It is understood that any erroneous information, change, cancellation, or forfeiture in any of the information given will automatically render my authorization to work in the City of Moultrie invalid and void until such time that all requirements are met.**

**To the best of my knowledge, all information given is current and correct.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title with the Business: \_\_\_\_\_

Payment Method and Amount Cash: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Check: \$ \_\_\_\_\_  
Credit Card: \$ \_\_\_\_\_

Georgia Security and Immigration Compliance Act  
**CITY OF MOULTRIE PUBLIC BENEFIT AFFIDAVIT**

By executing this affidavit under oath, as an applicant or to renew an existing account, for an Occupation Tax Certificate, Alcohol License, Taxicab License, Insurance License, or other public benefit as referenced in O.C.G.A. Section 50-36-1(e)(2), I am stating the following for:

\_\_\_\_\_ that  
**(Name of Applicant / Business / Corporation / Partnership or Private Entity)**

1. I am a United States Citizen **(Include a copy of either my current State Driver's License, Passport, or Military ID)**
2. I am a legal permanent resident of the United States. **(Include a copy of a current State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)**
3. 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 another federal immigration agency. **(Include a copy of a State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)**

The undersigned applicant also hereby verifies that he or she is 18 years 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.

Which type of secure and verifiable document was provided with this affidavit? \_\_\_\_\_  
*(i.e. State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)*

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.

Executed in (County) \_\_\_\_\_ (City), \_\_\_\_\_ (State). \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
**Alien Registration Number for Non-Citizens\***

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

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

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

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

## Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1.**                    **Please check only one:**

(A) On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

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

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

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