



**City of Hahira**  
102 S. Church Street  
Hahira, GA 31632  
(229) 794-2330 telephone  
(229) 794-9310 facsimile

**OCCUPATIONAL TAX / REGULATORY FEE APPLICATION**

- Occupational Tax/Business License/Inside City Limits Fee \$75.00 per year
- Regulatory Tax/Business Located Outside City Limits doing business in the City Fee \$50.00 per year – must provide license from city/county where business is located

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

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

Physical Location:\_\_\_\_\_

E-Mail:\_\_\_\_\_

Business Phone Number:\_\_\_\_\_ Mobile Number:\_\_\_\_\_

Contact Name:\_\_\_\_\_

Principal or corporate officer empowered to make binding agreements on behalf of said firm:

\_\_\_\_\_

Major Line of Business:\_\_\_\_\_

Federal ID # or Social Security Number:\_\_\_\_\_

State Sales Tax # (if applicable):\_\_\_\_\_

E-Verify #:\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

# E-VERIFY AFFIDAVIT

## 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 to operate a business as referenced in O.C.G.A. §36-60-6(d):

### Section 1:

**Please check only one:**

\_\_\_\_\_  
Business License Account No.

- (A) \_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.\*\*\*
- (B) \_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\*\* If the employer selected Section 1(A), please fill out Section 2 below.

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### 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(d). 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 ID Number  
(also called E-verify #, usually 4-6 digits)

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

### Section 3:

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

Executed on the \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

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

\_\_\_\_\_  
Printed Name of Authorized Agent

### Section 4:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

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

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

**CITY OF HAHIRA  
PRE-APPLICATION DEVELOPMENT PERMIT**

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

This Pre-application does not confirm a development and/or building permit and is not an endorsement by the City of Hahira for any project intended by the Applicant.

This Section to be completed by Contractor

Construction Category: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>	
Construction Description: _____	
Location: _____	
Owner: _____	
Contractor: _____	
Contractor Address: _____	
Telephone: _____ Facsimile: _____	
E-Mail: _____	
Contractor License #: _____	Expiration: _____
Signature: _____	
Contractor	

This Section to be completed by City of Hahira

Contractor Business License #: _____ Expiration: _____	
Water available: Yes / No	Sewer available: Yes / No
Signed: _____	
City of Hahira Representative	

This section to be completed by the Zoning Administrator

This Pre-Application:	
<input type="checkbox"/> <i>Meets</i> the requirements of development review and the City of Hahira Zoning Ordinance.	
<input type="checkbox"/> <i>Does not meet</i> the requirements of development review and the Hahira Zoning Ordinance.	
Comments: _____	
Signed: _____	
Hahira-Valdosta-Unincorporated Lowndes Zoning Administrator	

This Section to be completed by the Permit Office

This Pre-Application	
<input type="checkbox"/> <i>Meets</i> the requirements for the issuance of a Building Permit.	
<input type="checkbox"/> <i>Does not meet</i> the requirements for issuance of a Building Permit.	
Signed: _____	
Hahira-Valdosta-Unincorporated Lowndes Permits Office	