



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



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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: _____