



**PLANNING & ZONING DEPARTMENT**

City of Blue Ridge

480 West First Street  
Blue Ridge, GA 30513  
Phone (706) 632-2091 Fax (706) 632-3278

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**APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE  
FOR COMMERCIAL AND RESIDENTIAL GARBAGE COLLECTION**

**New Application**

**Public Hearing Date:** \_\_\_/\_\_\_/\_\_\_

**Date of Application:** \_\_\_/\_\_\_/\_\_\_

**SECTION 1: GENERAL BUSINESS INFORMATION**

**PLEASE PRINT**

Legal Business Name (Filed with the Secretary of State):

\_\_\_\_\_

Trade Name of Business: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Type of Ownership: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

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

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

Website Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

State ID # \_\_\_\_\_

(Please provide copies of both Federal and State Tax ID Documents with application)

## SECTION 2: OWNER'S INFORMATION

### PLEASE PRINT

Owner's Name (First, Middle Initial, Last): \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Are you 21 Years of Age or Older?

- Yes  
 No

Are you a Citizen of the United States or an Authorized Legal Alien?

- Yes  
 No

Have you been convicted, entered a plea of guilty or nolo contendere, been on probation, parole or been imprisoned within a period of ten (10) years previous to the date of this application, for any felony?

- Yes  
 No

Please List Any Previous Arrests (Including Offense, Date, Location and Disposition): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_

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

Length of Residency: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

How Long Have You Been A Resident of Fannin County? \_\_\_\_\_

How Many Years Experience Have You Had in Garbage Collection? \_\_\_\_\_

Have you held a garbage license previously?

- Yes
- No

\*If Yes, was it revoked or suspended?

- Yes
- No

\*If yes, explain: \_\_\_\_\_

Do you hold an interest in any other garbage collection operation?

- Yes
- No

**SECTION 3: MANAGER'S INFORMATION(IF DIFFERENT THAN OWNER)**

Manager's Name (First, Middle Initial, Last): \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

**SECTION 4: ADDITIONAL BUSINESS INFORMATION REQUIRED**

Customer Service Number: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Full-Time and \_\_\_\_\_ Part-Time

Total Number of Vehicles to be Used: \_\_\_\_\_

The Company will offer both Residential Pickup and Commercial Dumpster Service:

- Yes
- No

Collection from Residential Premises will be made at Least Once Weekly:

- Yes
- No

## **DETAILED BUSINESS INFORMATION**

Date Business Plans to Begin Operation within the City of Blue Ridge: \_\_\_\_\_

**The Following MUST be Included With This Application:**

- **A Copy of the Insignia & Color Scheme to be Used on the Vehicles for Garbage Collection**
- **A Copy of Insurance Coverage (including agency, copy of policy or binder number, length of coverage, and amount and types of coverage).**
- **List of Vehicles and Drivers (indicate if the driver is an employee of the company or an independent contractor)**
- **Proof of Vehicle Insurance**
- **A Copy of the Owner's Financial Statements**
- **Any Unpaid Judgments Against the Owner**
- **Completed Background Authorization Form**
- **SAVE Affidavit**
- **If the company is owned by multiple parties, please include a list of anyone holding an interest in the business and the amount (percentage)**
- **Include a list of any capitalization loans, the amount, terms and payee if any**
- **Potential Customer Information Sheet which includes the name of the garbage collection business, name of local manager handling customer service within the City, contact information, service prices, pick-up requirements and regulations**

**Regulatory Fee in the amount of \$1,000.00 is due annually between November 1<sup>st</sup> and December 31<sup>st</sup>.**

**Occupational Tax Certificate (if applicable) is due annually and is based upon number of full-time equivalent employees.**

**Fees Must be Paid at Time of Application.**

**Disclaimer and Signature**

I have received and read a copy of the City of Blue Ridge Garbage Collection Ordinance and Occupational Tax Certificate (Business License) Ordinance and understand that both (if applicable) are to be renewed yearly.

I certify that the information provided above is true and correct to the best of my knowledge and records shall be available for inspection.

I understand that if granted a license under the Garbage Collection Ordinance, I am required to submit a franchise fee to the City of Blue Ridge monthly.

By signing this application, I, \_\_\_\_\_, am acknowledging that I have read and will comply with all requirements of the City of Blue Ridge Garbage Collection and Occupational Tax Certificate (Business License) Ordinances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**INVESTIGATION AUTHORIZATION (RELEASE) & BACKGROUND SCREENING ORDER FORM**

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be requested and completed, which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history (only when permitted by law and where it is related to the duties and responsibilities of the position sought), character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA) and other federal, state, and local laws, and can be requested only after a conditional job offer has been made. This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment background screening service, located at 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366 (www.laborchex.com). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment background screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its clients. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s) from LABORCHEX, including details about the sources of information. Such information will be provided to you at no cost. The company, business, or organization at which you applied for a job must also provide a copy of the report to you, if you request it from them.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use, as well as workers' compensation information (as according to federal guidelines stated above). I authorize LABORCHEX to verify the facts stated by me on the attached/forwarded application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and other verified information. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above. This release will be valid for my entire period of employment.

**Note: I understand that if I am a resident of CA, MA, ME, MN, NJ, NY, OK, and WA I can obtain a copy of the completed consumer report from LABORCHEX by checking this box { } , which will also include a document called "A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)." Please be sure to provide your full mailing address below.**

Print Name: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 (DOB and SSN used only for identification purposes to ensure accuracy of reports)  
 Driver's License Number #: \_\_\_\_\_ State: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**BELOW IS FOR COMPANY USE ONLY**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

**CHECK SCREENINGS REQUIRED FOR THIS APPLICANT**

- |  |   |
|--|---|
| <input type="checkbox"/> Previous Employment Verification*<br>D.O.T. _____ (Special Screening for Commercial Drivers)* | <input type="checkbox"/> Driving Record Check                                   |
| <input type="checkbox"/> Education Verification*   | <input type="checkbox"/> Workers' Compensation                                  |
| <input type="checkbox"/> Professional/Personal References*   | <input type="checkbox"/> Employment Credit Report                               |
| <input type="checkbox"/> Professional License & Credential Check*  |   |
| <input type="checkbox"/> Official Education Transcripts  |   |
| <input type="checkbox"/> CRIMINAL RECORD CHECKS (list jurisdictions below)   |   |
| <input type="checkbox"/> CrimeChexPLUS Multi-State Criminal Index Check  |   |
| <input type="checkbox"/> List Criminal Record Jurisdictions To Be Checked Here: _____                                  | <input type="checkbox"/> National Address Search & Social Security # Validation |
| <input type="checkbox"/> Nationwide Federal Violations Criminal Record Check   |   |

**\*If you are not using the website to place orders for these levels of screening, please include the completed job application (along with a copy of the this signed release) in your FAX to LABORCHEX.**

Signature of Official Authorizing Investigation: \_\_\_\_\_

**AFFIDAVIT FOR UNITED STATES CITIZENS AND LEGAL  
PERMANENT RESIDENTS**

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

By executing this affidavit under oath, as an applicant for the City of Blue Ridge, Georgia Occupational Tax Certificate or other public benefit as referenced in O.C.G.A. Section § 50-36-1, I am stating the following with respect to my application for the City of Blue Ridge, Georgia Occupational Tax Certificate or other public benefit (circle one) for

\_\_\_\_\_  
(Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

- 1) \_\_\_\_\_ I am a United States citizen
- 2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

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 Code Section § 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\* \_\_\_\_\_  
Alien Registration number for non-citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS DAY  
\_\_\_\_ DAY OF \_\_\_\_\_

Notary Public  
My Commission Expires:

Seal:

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_



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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

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

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Printed Name of Exempt Private Employer (Business name)

\_\_\_\_\_  
Signature of Exempt Private Employer or  
Authorized Officer or Agent

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

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

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

\*This affidavit is for submissions made on or after July 1, 2013.

**PLEASE COMPLETE THIS FORM IF YOU EMPLOY  
TEN (10) OR LESS EMPLOYEES**





**Private Employer Affidavit of Compliance Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **more than ten employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number (E-Verify Number)

\_\_\_\_\_  
Date E-Verify Number was issued

\_\_\_\_\_  
Name of Private Employer (Business)

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

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM IF YOU EMPLOY  
MORE THAN 10 EMPLOYEES**

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