



CARNIVAL OPERATORS PERMIT APPLICATION

Please complete the application and return to City Hall. The application will be reviewed between 3-5 business days. Permit fee is \$50.00. Acceptable forms of payment include: Credit, Debit, Cashier's Check, Money Order or cash. No personal or business checks accepted.

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|---|-------------------|------------|
| Owner | | |
| Business Name | | |
| Address | | |
| City | State | Zip |
| Phone | Fax Number | |
| E-Mail Address | | |
| Commercial License Number | | |
| Business Income and Receipts Tax Number | | |
| Federal Tax ID Number | | |
| List stands or concessions (Describe methods of operation) and names and addresses of operators, employee's social security numbers below: | | |
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| List of Cities of most recent operation | | |
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HOW TO COMPLETE THIS FORM

1. **NAME OF OWNER**—Fill in the name of the person, corporation or partnership to whom the license should be issued. Full names must be used. Initials and a last name cannot be accepted.
2. **TELEPHONE NUMBERS**—Fill in the daytime (9-5 PM) telephone number of a real person who is responsible for and fully knowledgeable of the details of the licensed activity. **PHONE NUMBER MUST BE FILLED IN OR THE APPLICATION CANNOT BE PROCESSED.**
3. **BUSINESS INCOME AND RECEIPTSTAX NUMBER**—This is a number assigned by the Georgia Revenue Department to identify tax accounts. If you have other licenses from the City the one tax number serves for all. If you have a never had a number assigned, leave blank if you are applying for one as part of the application.
4. **LICENSEE FEDERAL TAX IDENTIFICATION NUMBER**—For individuals it is the same as your Social Security Number. For other taxable or tax-exempt entities, it is a number assigned by the Internal Revenue Services (IRS) for reporting purposes. Your **FEDERAL TAX IDENTIFICATION NUMBER MUST BE FILLED IN OR THE APPLICATION CANNOT BE PROCESSED.**
5. **PROOF OF LIABILITY INSURANCE**—
 6. **Public Liability of \$100,00; per accident \$300,000 and Property Damage of \$5,000.**
6. **Temporary Electrical wiring permit required**
7. **AMUSEMENT ANNUAL (3001)**—Required of anyone conducting any place of amusement or entertainment for profit. List names and home addresses of all officers.
8. **AMUSEMENT DEVICES LICENSE (7333)**—Required by any place that keeps or maintains for use by the general public three or more amusement devices for hire. (an amusement device is any coin-operated or mechanical machine or similar equipment which issued by a patron for his or her amusement. Exempt from this license, juke boxes, amusement devices located in establishments regulated by the City of Stonecrest; and vending machines used for dispensing of goods).
 - 1) **Name and home address of owner and applicant**
 - 2) **Indicate the total number of devices.**
9. **Sponsor of Carnival**

Submit six (3) copies of the application for Carnival License at least six (6) weeks in advance of the event. PLEASE DO NOT MAIL LICENSE FEE UNTIL YOU RECEIVE NOTICE THAT YOUR APPLICATION HAS BEEN APPROVED.



S.A.V.E. Public Benefit Affidavit O.C.G.A. § 50-36-1

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant’s lawful presence in the United States (Ga. Code 50-36-1(f)(2). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for (Occupational Tax license or Alcoholic Beverage license or any other Public benefit) as referenced in O.C.G.A. § 50-36-1, from the City of Stonecrest, the undersigned applicant verifies one of the following with respect to my application for public benefit.

(Please check one)

- 1) _____ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)
- 2) _____ I am a legal permanent resident of the United States.
- 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 other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant has 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 Georgia Law O.C.G.A § 50-36-1(f) (1) A complete list of secure and verifiable documents on back of this form.

REQUIRES VERIFICATION AT SUBMISSION – Which type of secure and verifiable document was provided with this affidavit? _____.

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

THIS FORM MUST BE NOTARIZED AND SIGNED

I, _____ (representative for) _____
(Printed NAME of individual and natural person) (Name of BUSINESS, corporation, partnership, etc.)

Signature of Applicant Date

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

Executed in _____ (City), _____ (State) _____

NOTARY PUBLIC Signature My Commission Expires