

Year: \_\_\_\_\_

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

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



SELF-SERVICE FUEL DISPENSING STATIONS  
APPLICATION

☐ New

☐ Renewal

☐ Change of Ownership

☐ Manager Change

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

Number of Dispensing Stations: \_\_\_\_\_

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

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

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

Business Mailing Address: ☐ Same as Street Address

Applicant/Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Number of Attendants on Duty: \_\_\_\_\_

Duties of Attendant: \_\_\_\_\_

Safety Measures to be followed: \_\_\_\_\_

Applicant Signature

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

Notary Public

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

TO BE COMPLETED BY FLOYD COUNTY CLERK'S OFFICE

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ ☐ Check/Money Order #: \_\_\_\_\_ ☐ Cash

Payment Received by: \_\_\_\_\_

Application considered by Board of Commissioners is: ☐ Required ☐ Not Required

Date Approved: \_\_\_\_\_ Date Not Approved: \_\_\_\_\_ Date Issued: \_\_\_\_\_

CLERK OF BOARD

Revised 08.20.2025

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an Alcoholic Beverage License, Precious Metals Permit, Self-Service Fuel Dispensing Permit, or Contract, as referenced in O.C.G.A. § 50-36-1, from Floyd County, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

☐ I am a United States citizen.

☐ I am a legal permanent resident of the United States.

☐ 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 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 O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
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 \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

Name and Address of Business /Contractor

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
(Please Print)

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

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

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

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

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

Complete **EITHER** top or bottom portion pertaining to establishment

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

\_\_\_\_\_  
Printed Name & Title of Person Executing Affidavit

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

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

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

----- **OR** -----

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 (10) 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

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

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

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

\_\_\_\_\_  
Printed Name & Title of Person Executing Affidavit

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

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

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