

OCCUPATIONAL TAX CERTIFICATE APPLICATION



APPLICATION TYPE:

NEW BUSINESS (date) _____
 RENEWAL (date) _____
 CLOSED (date) _____
 AMENDED (specify change) _____

BUSINESS TYPE:

SOLE OWNERSHIP
 CORPORATION
 PARTNERSHIP
 HOME OCCUPATION
 OTHER (specify) _____

BUSINESS INFORMATION:

BUSINESS NAME: _____ **DBA:** _____
MAILING ADDRESS: (check box if changed) _____

STREET ADDRESS: (If different from above) _____

PRIMARY PHONE #: _____ **SECONDARY PHONE #:** _____
FEDERAL ID #: _____ **EMAIL:** _____
SALES & USE TAX #: _____

OWNERS/PARTNERS/OFFICERS: (use additional sheets if necessary)

NAME: _____
HOME ADDRESS: _____
PHONE #: _____ **SECONDARY PHONE #:** _____
DRIVER'S LIC #/ STATE: _____

PRINCIPLE LINE OF BUSINESS: (specify nature of business) _____

TAX CALCULATION:

Use to the table to the right to calculate your occupational tax. Licensed professionals may choose to pay tax based on employees or flat rate fee of \$400.00 per practitioner.

OF FULL-TIME EMPLOYEES = _____ (2 part-time =1 full-time)
 OR
 # OF LICENSED PROFESSIONALS _____
 _____ X \$400.00 **TAX DUE = \$** _____

EMPLOYEES INCL. OWNER	TAX
1	\$50.00
2	\$55.00
3	\$75.00
4	\$95.00
5	\$115.00
6	\$135.00
7	\$155.00
8	\$175.00
9	\$195.00
10	\$215.00
11+	Call for rate

I, _____ of the business firm named, do hereby register and apply for an occupational tax certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete.

Applicant's Signature : _____ Date: ____/____/____

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S.A.V.E AFFIDAVIT AFFIDAVIT VERIFYING LEGAL STATUS FOR CITY PUBLIC BENEFIT

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Before the undersigned officer authorized to administer oaths appeared:

_____ who being duly sworn, deposes and states under oath as follows:
(Print Name)

I am over the age of 18 years of age and I am not suffering from any legal disabilities which would prevent me from making this affidavit.

I am executing this affidavit under oath as an applicant for a City of Auburn, Georgia Occupation Tax Certificate, Alcohol License, or other public benefit as defined in O.C.G.A. § 50-36-1. I am applying for this public benefit on behalf of the following individual, business, corporation, partnership, or other private entity:

(Print Name or Business Name)

Check the following that applies to you:

I AM A UNITED STATES CITIZEN

I AM A LEGAL PERMANENT RESIDENT 18 years or older or I am an otherwise QUALIFIED ALIEN or NON-IMMIGRANT under the Federal Immigration and Nationality Act, 18 years of age or older, and lawfully present in the United States with an Alien Registration number of :

(Alien Registration Number)

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 (f) (1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: _____

(Type of Document)

In making this affidavit, 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.

Signature of Applicant

Date: ____/____/____

Printed Name of Applicant

SWORN AND SUBSCRIBED BEFORE ME
ON THIS _____ DAY OF _____ 20__.

NOTARY PUBLIC

My commission expires: _____

OCCUPATIONAL TAX CERTIFICATE APPLICATION

E-VERIFY AFFIDAVIT

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-60(d).

PLEASE CHECK THE APPROPRIATE BOX BELOW AND COMPLETE. THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.



EMPLOYEES MORE THAN 10 (TOTAL EMPLOYEES FOR INDIVIDUAL, FIRM, AND CORPORATION)

By executing this affidavit, the undersigned private employer _____
(business name) verifies its compliance with OCGA § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number (this number is NOT the FEIN/Federal Employer Identification Number) and date of authorization are as follows:

Federal Work Authorization User Identification Number (E-Verify #)

Date of Authorization

Name of Private Employer



EMPLOYEES LESS THAN 10 (TOTAL EMPLOYEES FOR INDIVIDUAL, FIRM, AND CORPORATION)

By executing this affidavit, the undersigned private employer _____
(business name) verifies that it is exempt from compliance with OCGA § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 10 employees and, therefore, it is not required to register with and/or utilize the federal work authorization program provision commonly known as E-Verify.

TO DETERMINE THE NUMBER OF EMPLOYEES FOR PURPOSES OF THIS AFFIDAVIT, A BUSINESS MUST COUNT ITS TOTAL NUMBER OF EMPLOYEES COMPANY-WIDE, REGARDLESS OF THE CITY, STATE, OR COUNTRY IN WHICH THEY ARE BASED, WORKING AT LEAST 35 HOURS A WEEK.

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 violation of OCGA § 16-10-20, and face criminal penalties allowed by such statute.

Name of Authorized Agent or Officer

Title of Authorized Agent or Officer

Signature of Authorized Agent or Officer

SUBSCRIBED AND SWORN BEFORE ME

ON THIS _____ DAY OF _____, 20 _____.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC

OCCUPATIONAL TAX CERTIFICATE APPLICATION

HOME OCCUPATIONS (FOR HOME-BASED BUSINESSES)

ZONING ORDINANCE 17.60.180 (Please read and sign below)

CUSTOMARY HOME OCCUPATIONS SHALL MEET THE FOLLOWING REQUIREMENTS:

- A. The home occupation shall have written approval of the owner of the property.
- B. The home occupation shall be operated only by the members of the family residing on the premises.
- C. The home occupation shall be restricted to the main building only and shall not occupy more than twenty-five percent of the floor area within said principle use.
- D. There shall be no exterior evidence of the conduct of a home occupation. The home occupation shall be conducted only within the enclosed living area of the home (including basement, if any). There shall be no display or storage of products, materials or machinery where they may be visible from the exterior of the residence.
- E. The home occupation shall not involve group instruction or group assembly of people on the premises.
- F. The home occupation shall not generate obnoxious odors, glare, noise, vibration, electrical disturbance or radioactivity, or other conditions detrimental to the character of the surrounding area.
- G. The conduct of the home occupation shall neither increase the normal flow of traffic nor shall it increase either on-street or off-street parking.
- H. No equipment may be utilized or stored in the conduct of the home occupation except that which is normally used for purely domestic or household purposes. Said items may only be those produced on the premises or incidental supplies necessary for and consumed in the conduct of the home occupation. Samples, however, may be kept on the premises but neither sold nor distributed from the residence.
- I. The sign identifying or advertising the home occupation shall not exceed two square feet and shall be only allowed as a wall sign on the principal use structure.
- J. The building in which the home occupation is to be located must be an existing structure ready for occupancy and not a proposed structure.
- K. One business vehicle (a trailer is considered as a separate vehicle), used exclusively by the resident is permissible. This vehicle must be parked in a carport, garage, side yard or rear yard. This vehicle shall be no larger in size than a pick-up truck, panel truck or van, nor shall it have a carrying capacity of more than one and one-half tons.
- L. The entrance to the home occupation shall be through the same entrances provided the home and shall be freely accessible to remaining home.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS FOR OPERATING A CUSTOMARY HOME OCCUPATION. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REGULATIONS MAY RESULT IN THE REVOCATION OF MY BUSINESS/OCCUPATION TAX CERTIFICATE AND MAY RESULT IN FINES OR JAIL OR BOTH.

Applicant's Signature : _____

Date: ____/____/____



BARROW COUNTY EMERGENCY SERVICES

222 Pleasant Hill Church Road NE
Winder, Georgia 30680
(770) 307-3122

Jessie Knight
jknight@barrowga.org
Fax: (770) 307-2987

BUSINESS EMERGENCY CONTACTS

BUSINESS INFORMATION: (commercial businesses only)

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY: _____

DAYTIME BUSINESS PHONE #: _____

BUSINESS FAX #: _____

EMERGENCY CONTACTS:

	NAME	CELL PHONE	HOME PHONE
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

ANY SPECIAL INFORMATION OR CONCERNS: _____

IMPORTANT CONTACTS FOR BUSINESS OWNERS



CITY OF AUBURN PERMITS/LICENSES/INSPECTIONS

(770) 963-4002 ext.229, fax (770) 513-9255
1369 4th Ave., Auburn, GA 30011
www.cityofauburn-ga.org

BARROW CO. ENVIRONMENTAL HEALTH (food related licenses)

(770) 307-3502, fax (770) 307-3835
10 W. Williams St., Winder, GA 30680

BARROW CO. FIRE AND LIFE SAFETY INSPECTIONS

(770) 307-2987, www.barrowga.org
222 Pleasant Hill Church Rd. N.E., Winder, GA 30680
jknight@barrowga.org

GEORGIA SECRETARY OF STATE

Corporations/professional licensure
(844)753-7825
sos.ga.gov

FEDERAL EMPLOYER ID. NUMBER (FEIN)

IRS
www.irs.gov/businesses

SALES TAX NUMBER

Department of Revenue
(877)423-6711
dor.georgia.gov

ALCOHOL & TOBACCO LICENSING

(877) 423-6711
gtc.dor.ga.gov

GEORGIA TAX CENTER

One-stop shop for filing and paying taxes
gtc.dor.ga.gov

BARROW COUNTY CHAMBER OF COMMERCE

#6 Porter Street
P.O. Box 456
Winder, GA 30680
(770) 867-9444
barrowchamber.com

UGA SMALL BUSINESS DEVELOPMENT CENTER

www.georgiasbdc.org
(678) 985-6820