

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

# OCCUPATIONAL TAX CERTIFICATE APPLICATION

## 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 \_\_\_\_\_ 2017.

\_\_\_\_\_  
**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

**William Wright**  
**wwright@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](http://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](http://www.barrowga.org)  
222 Pleasant Hill Church Rd. N.E., Winder, GA 30680  
[gcain@barrowga.org](mailto:gcain@barrowga.org)

## **GEORGIA SECRETARY OF STATE**

Corporations/professional licensure  
(844)753-7825  
[sos.ga.gov](http://sos.ga.gov)

## **FEDERAL EMPLOYER ID. NUMBER (FEIN)**

IRS  
[www.irs.gov/businesses](http://www.irs.gov/businesses)

## **SALES TAX NUMBER**

Department of Revenue  
(877)423-6711  
[dor.georgia.gov](http://dor.georgia.gov)

## **ALCOHOL & TOBACCO LICENSING**

(877) 423-6711  
[gtc.dor.ga.gov](http://gtc.dor.ga.gov)

## **GEORGIA TAX CENTER**

One-stop shop for filing and paying taxes  
[gtc.dor.ga.gov](http://gtc.dor.ga.gov)

## **BARROW COUNTY CHAMBER OF COMMERCE**

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

## **UGA SMALL BUSINESS DEVELOPMENT CENTER**

[www.georgiasbdc.org](http://www.georgiasbdc.org)  
(678) 985-6820