

# OCCUPATIONAL TAX / REGULATORY FEE CITY OF GLENNVILLE

#### 134 S. VETERANS BOULEVARD

## **GLENNVILLE, GA 30427**

"This institution is an equal opportunity provider and employer."

Check one:	Renewal	New Amended	
Check one:	_ Sole Proprietorship	New Amended Partnership Corporation: Go	eorgiaOther State,
Name of Rusi	ness: (Legal or Trade N	ame):	
Phone Numbe	rs:	ame)	
Physical Addr	ess:	·	
Mailing Addre	ess is Different:		
Email Address	s:		
Sales Tax ID 7	, if your business is req	juired to have one by law:	
Applicable No	orth American Industry (	Classification System Code Number:	
Please describ	e all the business activit	ties, or lines of business at this location:	
Employer Ve	rification Number (EIN)	):	
Occupationa	al Tax Computation:		
who exerts efficient is issued a W weekly hours	Fort within the State of Corn. Please include	Georgia for the propose of soliciting busing part-time employees by their full-time explored by the full-time explor	a. An employee is defined as any individual ness or serving customers or clients and who equivalent (All PT employees equal average ch as Wage & Tax Reports to determine the
	Num	ber of Employees:	<u></u>
Regulatory F	<b>ee</b> (The following busin	nesses or practitioners of profession shall be	be subject to regulatory fees):
Auction Perm	it—\$100	Beer & Wine License—\$1500	Burglar Alarm Installers—\$150
Carnivals—\$5		Circuses—\$50	Firearms Dealers—\$100
	Billiards—\$50+	Junkyards—\$100	Massage Parlors—\$250
Masseurs—\$2		Newspaper Delivery Boxes—\$100	Other Public Exhibits—\$15
Pawnshops-	\$200	Peddlers/Itinerants—\$10, \$25, \$100	Rides—\$15
	ncessions—\$15	Tire Shops—\$25	Well/Septic Tank Installers—\$25
Please list any	subcontractors, or inde	pendent agents you will be using this upco	oming year:
Each person li	censed under Title 43 (	OCGA is required to submit evidence of q	qualification, except for attorney-at-law.
Are you certif	ied under Title 42 OCG	A?Yes No If yes, please attach	your certification.
			he falsification of my part of this tax return
Applicant Sig	nature	Printed Name	Date
NOTICE II	1 6. 1	. 1: 6 1 1	* 10

**NOTICE:** Upon completion or refusal to compete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue. The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20. In accordance with O.C.G.A § 48-2-15 and § 48-7-60, all taxpayer information provided on this form shall be confidential and privileged. In compliance with O.C.G.A § 48-1-2 and § 48-8-33, the commissioner of the Georgia Department of Revenue shal collect all sales tax remitted in Georgia. Any questions or comments regarding the collection of sales tax or this form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

## **Verification of Lawful Presence with the United States**



By executing this affidavit under oath, as an [type of public benefit], as reference in O.C.O.	**	
[name of government entity], the undersigne		
application for a public benefit:	a applicant verifies one of	the following with respect to my
	an	
<ol> <li>I am a United States citiz</li> <li>I am a legal permanent re</li> </ol>		
3) I am a qualified alien or n  Act with an alien number issued b  immigration agency.	on-immigrant under the Fe	deral Immigration and Nationality
My alien number issued by the Department agency is:		urity or other Federal immigration
The undersigned applicant also hereby verificat least one secure and verifiable document, a	•	
The secure and verifiable document provided	-	
makes a false, fictitious, or fraudulent stateme of O.C.G.A §16-10-20, and face criminal per Executed in	nalties as allowed by such o	criminal statute (state)
	Signature of A	pplicant
	Printed Name	of Applicant
SUBSCRIBED AND SWORN		
BEFORE ME ONTHIS THE		
DAY OF, 20		
NOTARY PUBLIC		
My Commission Expires:		

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.	Please check only one:
(A)	On January 1 <sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees <sup>1</sup> .
***	If you select Section 1(A), please fill out Section 2 and then execute below.
(B)	On January 1 <sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.
*** Section 2.	If you select Section 1(B), please skip Section 2 and execute below.
accordance undersigned	rer has registered with and utilizes the federal work authorization program in with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The d private employer also attests that its federal work authorization user identification date of authorization are as follows:
Nan	ne of Private Employer
Fede	eral Work Authorization User Identification Number
Date	e of Authorization
	clare under penalty of perjury that the foregoing is true and correct.  n,
Sign	nature of Authorized Officer or Agent
Prin	nted Name and Title of Authorized Officer or Agent
	D AND SWORN BEFORE ME E DAY OF, 201
NOTARY PU My Commiss	UBLIC ion Expires:

<sup>&</sup>lt;sup>1</sup> 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.