



Experience
Clarkesville
GEORGIA

City of Clarkesville Occupation Tax

City of Clarkesville

P O Box 21

Clarkesville, GA 30523

(706) 754 - 4216

Fax (706) 754 - 9316

OWNER/MANAGER/CONTACT:

1. FIRST NAME

2. MIDDLE

3. LAST

4. HOME PHONE

5. CORPORATE PHONE

6. CELL PHONE

7. FAX

8. MAILING ADDRESS

9. E-MAIL ADDRESS

10. SOCIAL SECURITY NUMBER

BUSINESS INFORMATION:

Building: Own _____ Lease _____

1. BUSINESS TRADE NAME

2. MAILING ADDRESS

3. LOCATION ADDRESS

4. PHONE #

5. FAX #

6. E-MAIL ADDRESS

7. TYPE OF BUSINESS

PARTNERSHIP _____

CORPORATION _____

SOLE OWNER _____

OWNER _____

8. IS BUSINESS REQUIRED TO HAVE A STATE EXAMINING BOARD LICENSE OR PERMIT YES _____ NO _____
IF YES ATTACH A COPY

9. BUSINESS DESCRIPTION

10. E-VERIFY NUMBER & DATE OF AUTHORIZATION

11. NAICS/CLASS

12. STATE OF GA. SALES TAX # (9 digit) 13. STATE OF GA TAX ID # (11 to 13 digit) 14. FEDERAL EMPLOYER # (9 digits)

15. NUMBER OF EMPLOYEES _____
Part time _____ Full time _____

16. APPROXIMATE ANNUAL GROSS RECEIPTS _____
(REQUIRED)

17. INSURANCE COMPANY FOR BUILDING _____

I do hereby certify that the information given above is correct and true to the best of my knowledge and that I am duly authorized by the business named to file this application.

Signature _____ Title _____ Date _____

DATE BUSINESS CLOSED _____

CALCULATION OF LICENSE FEE:

(This includes owner (s) and part-time employees 2 part time = 1 full time)

0 - 2.5 Employees = \$75.00

3 - 6.5 Employees = \$110.00

7 - 12.5 Employees = \$150.00

13 - 20 Employees = \$200.00

21 or more Employees = \$250.00

Sec.18 — 34. Occupation tax certificate

(a) Display. Every business, practitioner, and location subject to payment of this occupation tax levied by this article shall display a current occupation tax certificate in a conspicuous place at the location for which such certificate was issued. If the taxpayer does not have a permanent location within the city, the occupation tax certificate shall be shown to any police officer, the city manager, or the city clerk upon request.

Sec. 18 — 43. Date due; penalty.

(a) Any occupation tax or regulatory fee due according to this article shall be due and payable annually on January 1. If any person commences business or initially engages in a regulated activity in the city after January 1 in any year, the tax and/or fee shall be due and payable on the date of the commencement of the business or regulated activity.

(b) Any individual, business, or practitioner subject to any occupation tax or regulatory fee imposed by this article which is unpaid for 90 days after the date on which payment was due shall be subject to a penalty of ten percent of the tax or fee due. (Ord. No. 14 § XIV, 11-61995)

HELPFUL INFORMATION:

To apply for your State Sales Tax Identification Number apply online at the Georgia Tax Center <http://gtc.dor.ga.gov>

To apply for your State Taxpayer Identification Number online go to <Http://dor.georgia.gov>

To apply for your Federal Employee Identification Number known as Employer ID Number (EIN) go to <http://www.irs.gov>

To enroll in E-Verify and receive your E-Verify number go to <www.uscis.gov/e-verify>

**THANK YOU FOR YOUR INVESTMENT IN THE CITY OF CLARKESVILLE
WE LOOK FORWARD
TO CONTINUING TO WORK WITH YOUR BUSINESS.**

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____ [name of government entity], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 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 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).

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires:

**PRIVATE EMPLOYER AFFIDAVIT
PURSUANT TO O.C.G.A. §36-60-6 (d)**

****REQUIRED****

If your business employs less than ten (10) employees, please check this box sign and notarize below.

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

If your business employs more than ten (10) employees, please complete the information below.

Effective July 1, 2012, if you are an employer (including any individual, firm, or corporation) employing more than one hundred (100) employees, you must complete a "Private Employer Affidavit". If you are an employer (including any individual, firm, or corporation) employing more than ten (10) employees, on or after July 1, 2013, you must complete a "Private Employer Affidavit."

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation 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:

I hereby declare under penalty of perjury that the foregoing is true and correct

Executed on _____, _____, 20_____(City)_____(State)

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

Date of Authorization _____ **Name of Private Employer** _____

Signature of Authorized Office or Agent

NOTARY PUBLIC

Printed Name and Title of
Authorized Officer or Agent

MY COMISSION EXPIRES:

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