

OCCUPATIONAL TAX CERTIFICATE APPLICATION
HARRIS COUNTY COMMUNITY DEVELOPMENT,
125 Barnes Mill Road, PO Box 689, Hamilton, GA 31811-0689
Phone 706-628-4700 Fax 706-628-4140

THE FOLLOWING ARE ALSO NECESSARY TO PROCESS APPLICATION: COPIES OF DRIVER'S LICENSE, PROPERTY TAX RECEIPT(S), STATE LICENSE, AND FOOD PERMIT FROM HEALTH DEPARTMENT (IF DEALING WITH FOOD) & AFFIDAVIT VERIFYING STATUS

(PLEASE PRINT & ANSWER ALL QUESTIONS; COMPLETE BOTH SIDES)

BUSINESS INFO

1. Legal Name of Business _____
2. Doing Business As _____
3. Phone Number _____
4. Street Address _____
City/State/Zip _____
5. Mailing Address _____
City/State/Zip _____
6. Georgia Sales & Use Tax Identification # _____ *OR* Social Security # _____
7. State License # (if applicable): _____ Expiration Date _____
8. Business Type (be specific as to what type of activity will be performed at the business address): _____

9. If a Home Occupation, do all employees live at the residence address reflected above? Yes No

APPLICANT/OWNER INFO

10. Name _____
11. Phone Numbers: (Home) _____ (Cell) _____
12. Street Address _____
City/State/Zip _____
13. Mailing Address _____
City/State/Zip _____
14. Type of Ownership: Sole Proprietor Partnership Corporation* LLC*
*If Corporation or LLC, indicate the exact, complete name as it is registered with the Georgia Secretary of State's Office

Corporation Address _____
City/State/Zip _____

PROPERTY INFO

15. Do you own or rent the business property? OWN RENT
16. If "rent", indicate name of owner(s): _____
(Note: If "rent", a copy of the lease or a letter from owner giving you permission to do business at the location is required)
17. Business Property Tax Map # _____ Parcel # _____ (both are reflected on tax bill)

EMPLOYEE INFO (include owner(s) and any additional employees you plan to hire on appropriate line)

- 18. Total *Hours* worked by all Part-Time employees/week: _____
- 19. Total *Number* of Full-Time employees who work 40+ hours/week: _____
- 20. Total Equivalent Full-Time employees (divide answer in "18" by 40): _____
- 21. Total *Workers* (add "19" and "20" together): _____

ACKNOWLEDGMENT

I, the undersigned applicant, do swear that the foregoing statements and facts are true, that no false or fraudulent statement is made herein; that such answers were made in order to procure an Occupational Tax Certificate; that any falsehoods may be grounds for dismissal of this application or subsequent revocation of the Certificate; and that should the number of employees reflected above increase, I will notify the Department. I understand that unless all accrued, outstanding or delinquent real and/or personal property taxes due of applicant/owner and location of business are paid, my Occupational Tax Certificate will not be renewed, and any fee that has been remitted in connection with this renewal will be returned.

Signature of Applicant/Owner

Date

Note: Some of the information reflected on this form will be provided to the Georgia Department of Revenue.

FOR OFFICE USE ONLY

Date Application Received in Office: _____

Amount Due: \$ _____ Amount Paid: \$ _____ Paid by: Cash Check (# _____)

Applicant's Personal/Real Property Taxes Current? YES NO Property's Personal/Real Property Taxes Current? YES NO

Business Property is Zoned : _____

Verification of Zoning Matrix: _____ Verified by: _____ Date: _____

Recommended Restrictions/Conditions to be Reflected on Certificate: _____

NAICS Code: _____

Restrictions: _____

DECISION: Approved Denied

Occupational Certificate Number Issued: _____ Mailed on: _____ OR Picked up on: _____

If denied, reasons: _____

Processed by _____
(signature)

(printed name)

**AFFIDAVIT VERIFYING STATUS
FOR COUNTY PUBLIC BENEFIT APPLICATION
PURSUANT TO O.C.G.A. § 50-36-1
Harris County, Georgia**

By executing this affidavit under oath, as an applicant for a Harris County, Georgia, **Business Occupation Tax Certificate**, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to an application for a Harris County **Occupation Tax Certificate** or other public benefit for:

(insert name of business, corporation, partnership or other private entity on behalf of which person is applying)

- 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 secured and verifiable document, as required in 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 Code Section 16-10-20 of the Official Code of Georgia, and face criminal penalties as allowed by such criminal statute.

Signature of Applicant

Date

Printed Name

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

Notary Public
My Commission Expires: _____

(seal)

THIS FORM MUST ACCOMPANY YOUR APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

PRIVATE EMPLOYER AFFIDAVIT
PURSUANT TO O.C.G.A. § 36-60-6(d)
Harris County, Georgia

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 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you selected Section 1(A), please complete Section 2 and then execute.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you selected Section 1(B), skip Section 2 and then execute below.

Section 2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

Subscribed and sworn before me this
____ day of _____, 20____

Notary Public

My Commission Expires: _____

¹ 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.