

## **New Commercial Occupational Tax Certificate Requirements**

A new Business License/Commercial Occupational Tax Certificate must be obtained before your new business can open. Please be aware that it may take up to 7-10 business days for review once all documents have been received at the above address. The application fee is \$25 (nonrefundable) and due at time of application submittal.

### **Required Documents**

- Completed Harris County Occupational Tax Certificate application.
- Completed affidavit verifying status for County public benefit.
- Completed private employer affidavit.
- Copy of your driver's license.
- Current copy of the paid tax receipt on the property the business will be on.
- Copy of your lease (if applicable).
- Copy of you State of Georgia Professional/Trade License (if applicable).
- Copy of Georgia Department of Agriculture license (if applicable).
- Copy of your corporation name/status (if applicable).

Once the application has been submitted, the County's Building Official will contact you to set up a building check consisting of building code and life safety review to ensure the safety and welfare of the public. This review must be completed before the Business License/Commercial Occupational Tax Certificate can be issued.

After the application has been approved, you will be contacted to pick up the certificate during normal operating hours of Monday-Friday, 8:00 a.m. to 4:30 p.m., at the above address. Payment can be made by cash, check, or debit/credit card. Please be aware that a convenience fee will be added to all debit/credit card transactions. If the issued certificate is not picked up and paid for within 30 business days, the application will be voided, and a new application and application fee will be required.

### **Renewals**

All Business License/Commercial Occupational Tax Certificates run on a calendar year basis and expire December 31. Renewal notices will be distributed during September, due by November 15, and late if not paid by January 1.

### **Periodic Building Checks**

After the Business License/Commercial Occupational Tax Certificate has been issued, the County's Building Official may contact you to schedule a free building check consisting of building code and life safety review to ensure the continued safety and welfare of the visiting public. During this review, any building or life safety violations will be noted, the building's owner will have up to 10 days to make the necessary corrections and schedule a reinspection.

To review the Business License/Commercial Occupational Tax Certificate fee schedule and additional details, visit the county's website at [www.harriscountyga.gov](http://www.harriscountyga.gov) under Community Development Resources.

# OCCUPATIONAL TAX CERTIFICATE APPLICATION

HARRIS COUNTY COMMUNITY DEVELOPMENT,  
125 Barnes Mill Road, PO Box 689, Hamilton, GA 31811  
Phone 706-628-4700 E-Mail: [hcocctax@harriscountyga.gov](mailto:hcocctax@harriscountyga.gov)

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) or certificate from the department of Agriculture and affidavit verifying status & private employer affidavit.

(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. E-Mail Address \_\_\_\_\_
7. Georgia Sales & Use Tax Identification # \_\_\_\_\_
8. State License # (if applicable): \_\_\_\_\_ Expiration Date \_\_\_\_\_
9. State License # (if applicable): \_\_\_\_\_ Expiration Date \_\_\_\_\_
10. Business Type (be specific as to what type of activity will be performed at the business address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **APPLICANT/OWNER INFO**

11. Name \_\_\_\_\_
12. Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
13. Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
14. Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
15. 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**

16. Do you own or rent the business property?      OWN                      RENT
17. 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)
18. 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)

- 19. Total *Hours* worked by all Part-Time employees/week: \_\_\_\_\_
- 20. Total *Number* of Full-Time employees who work 40+ hours/week: \_\_\_\_\_
- 21. Total Equivalent Full-Time employees (divide answer in "18" by 40): \_\_\_\_\_
- 22. 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 may be provided to the Georgia Department of Revenue.***

**FOR OFFICE USE ONLY**

Date Application Received in Office: \_\_\_\_\_ Application Fee \$25.00 Paid by: Cash Card Check (# \_\_\_\_\_)

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

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

Business Property is Zoned: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Recommended Restrictions/Conditions to be Reflected on Certificate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DECISION:**    Approved    Denied

Occupational Certificate Number Issued: \_\_\_\_\_ Mailed on: \_\_\_\_\_ OR Picked up on: \_\_\_\_\_

If denied, reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Processed by \_\_\_\_\_  
(signature)

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

(B) \_\_\_\_\_ On January 1<sup>st</sup> 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 ON THIS THE \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

<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.