



City of Jefferson

147 Athens Street
Jefferson, GA 30549

(706) 367-5121 - Fax (706) 367-5134

❖ Due by April 1st

OCCUPATIONAL TAX APPLICATION

Please complete ALL items on this application.

Please Check One New Application Renewal Closure Date _____

Business Name _____

Corporate Name _____

Business Location _____ **Start Date** _____
 _____ **Sales Tax No.** _____

Mailing Address _____ **Federal ID** _____
 _____ **State ID** _____
 _____ **Email** _____
 _____ **Website** _____

Phone Number _____ **Fax No.** _____ **Home Based** Yes No

Description of Business _____

Ownership Corporation LLC Sole Proprietor Partnership Non-Profit Trust

State License # _____ **License Type** _____ **Expiration** _____ VERIFIED

Enter below any Owners, Partners, or Officers of Business (attach additional sheet, if necessary)

Owner Name _____ **Title** _____ **Phone #** _____

Home Address _____
 _____ **Cell #** _____
 _____ **City** **State** **Zip**

Name _____ **Title** _____ **Phone #** _____

Home Address _____
 _____ **Cell #** _____
 _____ **City** **State** **Zip**

Employees

For Government Use Only

<input type="checkbox"/> 0-25 Employees	Fee + Admin \$100 + \$36 =	Total \$136.00	Activity No. _____
<input type="checkbox"/> 26-100 Employees	\$200 + \$36 =	\$236.00	Certificate No. _____
<input type="checkbox"/> 100+ Employees	\$400 + \$36 =	\$436.00	Customer No. _____
Minimum of 1 employee required. Please include all full and part-time employees. The City of Jefferson may request supporting documentation.			E-Verify No. _____
			NAICS CODE _____ Tax Year _____
			Amount Paid _____ Receipt No. _____
			Date _____ Check No. _____

Official Approvals

Zoning Confirmation Historic District Health Department Approval Sign Permit (Documents) _____

Home Occupation Taxes Other License Req. Other _____

Planning Approval

Administrative Approval

I declare under penalties of perjury that this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of this business license.

Signature of Owner or Representative: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF JEFFERSON.

Affidavit Verifying Status

**Affidavit Verifying Status for Public Benefit as Required by Georgia Security and Immigration Compliance Act
SAVE AFFIDAVIT
O.C.G.A – 50-36-1 (e) (2) Affidavit**

By executing this affidavit under oath, as an applicant for a business occupation tax certificate or alcohol license, as referenced in O.C.G.A. § 50-36-1, from City of Jefferson, 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), with this affidavit.

Please indicate the document verifying your residency status and attach a copy (front and back).

- | | | |
|--|--|---|
| <input type="checkbox"/> I-327 (Reentry Permit) | <input type="checkbox"/> I-551 (Permanent resident Card) | <input type="checkbox"/> I-571 (Refugee Travel Document) |
| <input type="checkbox"/> Certificate of Citizenship | <input type="checkbox"/> Naturalization Certificate | <input type="checkbox"/> I-688A (Employment Authorization Card) |
| <input type="checkbox"/> I-688 (Temporary Resident Card) | <input type="checkbox"/> Machine Readable Immigrant Visa | <input type="checkbox"/> I-688B (Employment Authorization Document) |
| <input type="checkbox"/> I-94 (Arrival/Departure record) | <input type="checkbox"/> Unexpired Foreign Passport | <input type="checkbox"/> I-766 (Employment Authorization Card) |
| <input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94) | <input type="checkbox"/> DS2019 (Certificate of Eligibility for Exchange Visitor [J-1] status) | |
| <input type="checkbox"/> I-20 (Certificate of Eligibility for Nonimmigrant [F-1] Status) | | |
| <input type="checkbox"/> Other _____ | | |

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 on the _____ day of _____ in _____ (city), _____ (state)

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn before me on this _____ day of _____, _____.

My Commission Expires: _____

NOTARY PUBLIC

E-VERIFY

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 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) employees.

***** If you select Section 1 (A), please fill out Section 2, sign and execute below.**

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

***** If you select Section 1 (B), please skip Section 2, sign and 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 Authorization User Identification Number: (**Note:** this number has at least 4 and no more than 6 digits.)

Date of Authorization

The US Citizenship and Immigration Services website can be accessed at www.uscis.gov/everify

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

Executed on _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this _____ day of _____, _____.

My Commission Expires: _____

Notary Public

THIS FORM MUST BE NOTARIZED PRIOR TO RETURN