

TOWN OF SHARPSBURG

105 Main Street
 Sharpsburg, GA 30277
 (770) 251-4171

2023 OCCUPATIONAL TAX APPLICATION

Mailing Address:
 PO Box 397

Sharpsburg, GA 30277

CERTIFICATE # ISSUED: 23-

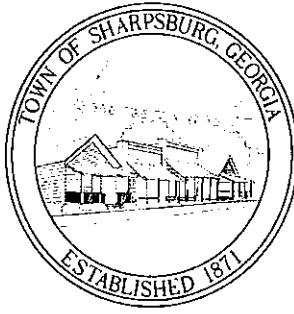
INSTRUCTIONS:

- Please fill in all information COMPLETELY
- Type or Print with ball point pen
- Provide copy of driver's licenses & affidavits for all owners, partners, and members
- Renewals filed after Monday, February 20, 2023 are considered late and penalty fees will be imposed

| | | | | | |
|---|--|--|-----------------|------------------|------------|
| BUSINESS NAME | | BUSINESS LOCATION (street address and zip code, no PO Box) | | NAICS#: | SIC CODE: |
| ESTIMATED GROSS RECEIPTS | # OF EMPLOYEES | GEORGIA SALES TAX # | STATE LICENSE # | FEIN # | E-VERIFY # |
| \$ MAILING/CONTACT INFORMATION FOR BUSINESS | ATTENTION: | BUSINESS MAILING ADDRESS, CITY, STATE, ZIP CODE (if different) | | | |
| | BUSINESS FAX # | EMAIL | | | |
| TYPE: CHECK ONE | PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER | PRINCIPAL OFFICE / CORPORATE NAME | | STREET or PO BOX | |
| OWNER NAME | STREET | CITY, STATE, ZIPCODE | | PHONE # | EMAIL |
| OWNER NAME | STREET | CITY, STATE, ZIP CODE | | PHONE # | EMAIL |
| OWNER'S SIGNATURE: | | DATE: | | | |

Internal Use Only Date Paid: _____ Amount Paid: \$ _____ Payment Method: Cash _____ Check/# _____ Card _____

Tax Class: _____ Tax rate per \$1,000: _____ Admin Fee: \$25.00 Amount Due: \$ _____ Processed by: _____ Date: _____



2023 Occupational Tax License

Checklist of Required Documents

Please have application fully completed and signed before submittal to us, along with the documents below:

- Copy of Certificate of Incorporation, LLC**
- Food Service Permit**
- Copy of State License**
- Proof of ownership of building or home**
- Signed copy of lease if renting**
- State or federal license or registration**
- Photo ID (i.e., GA Driver's License)**
- Affidavit for US Citizens or Legal Permanent Residents (attached)**
- Private Employer Affidavit (attached)**

TOWN OF SHARPSBURG

Affidavit for United States Citizens & Legal Permanent Residents

Instructions: As required by Official Code of Georgia § 50-36-1 (d)(1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a United States Citizen or legal permanent resident is required to either a United States citizen or legal permanent resident is required to execute this Affidavit under oath before a notary public.

Affidavit "A"

I, _____, first being duly sworn do swear or affirm under penalty of perjury that I am a United States citizen or legal permanent resident 18 years of age or older. Any person who knowingly and willfully make a false, fictitious, or fraudulent statement or representation in this Affidavit shall be guilty of a violation of Official Code of Georgia §16-10-20.

Sworn and Subscribed

Signature

Before me this _____ day of _____, 2023.

Notary Public

My commission Expires: _____

Seal

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

*** If you select Section 1(A), please fill out Section 2 and then 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 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 Work Authorization User Identification Number

Date of Authorization

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

Executed on _____, __, 201__ in _____ (city), _____ (state).

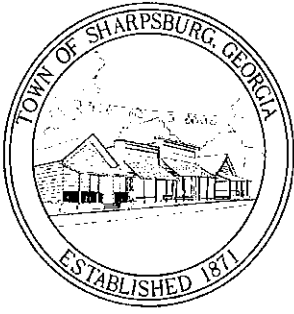
Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

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.



TOWN OF SHARPSBURG

105 Main Street, P.O. Box 397, Sharpsburg, GA 30227

(770) 251-4171 Phone (770)251-4689 Fax

www.townofsharpsburg.com - Website

sharpsburg@townofsharpsburg.com - Email

BUSINESS CLOSED OR RELOCATED AFFIDAVIT

This affidavit is to confirm that I have closed my business that was located within the jurisdiction of the Town of Sharpsburg, GA.

_____ Business has closed

_____ Business has relocated out of the Town of Sharpsburg

Name of Business: _____

Address of Business: _____

Date Business closed/moved: _____

Owner's Name (print): _____

Owner's Signature: _____

If moved, new address (optional): _____