

TOWN OF SHARPSBURG

Town Hall

105 Main Street

P.O. Box 397

Sharpsburg, GA 30277

Phone: (770) 251-4171

www.sharpsburg-ga.gov



Tuesday, November 18, 2025

Dear Business Owner:

We hope that you all have prospered this past year in your respective businesses within the Town of Sharpsburg. 2026 is quickly approaching and it is time to renew your Occupational Tax Certificate (business license).

If you are operating a business within the town limits of Sharpsburg, you are required to obtain an occupational tax (business license) certificate. This also applies to home occupations. Occupational Tax/Certificates of Registrations run on a calendar year (January through December). **Your application is due by Monday, February 2, 2026.** We allow a grace period through Monday, February 16, 2026, to renew. Renewals not received by 3:00PM on Monday, February 16, 2026, are late and subject to penalties and interest. All licenses will be based on gross receipts. Per our amended Occupational Tax Ordinance adopted on November 7, 2011.

Per Ordinance 11-09 Sec.46-76 (a-b):

An occupation tax shall be levied upon those businesses and practitioners of professional and occupations with one or more locations or offices within the corporate limits of the Town of Sharpsburg or upon the applicable out-of-state businesses with no location or office in Georgia pursuant to O.C.G.A §48-13-7 based on the following criteria:

Gross receipts of the business or practitioner in combination with the profitability ratio of the type of business, profession or occupation as measured by nationwide averages derived from statistics, classification or other information published by the United States Office of Management and Budget, the United States Internal Revenue Service or successor agencies of the United States.

Please complete the enclosed forms by Monday, February 2, 2025. Based on the information you provide, the Town of Sharpsburg will calculate your estimated 2026 Occupational Tax. Remember to include all the items on the enclosed checklist that apply to your business activity. To avoid a late penalty, all occupational taxes must be paid no later than Monday, February 16, 2025.

After you submit your application and payment your 2026 business license will be available to be picked up at Town Hall.

Please note: Town Hall will be closed on Wednesday, December 24, and Thursday December 25, 2025, in observation of the Christmas holiday. Additionally, Town Hall will have limited operational hours Monday through Thursday, December 29 - December 31, 2026. Please call and make an appointment if you intend to renew your Occupational Tax Certificate on those days. Town Hall will be closed on Thursday, January 1, 2026, in observation of the New Year holiday.

If you have any questions, please contact us at (770)251-4171.

Sincerely,

A handwritten signature in blue ink that reads "Floyd L. Jones". The signature is written in a cursive style with a large initial 'F' and 'J'.

Floyd Jones
Town Administrator
sharpsbur@sharpsburg-ga.gov



2026 Occupational Tax License

Checklist of Required Documents

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

- o Coweta County 911 Emergency Information Update (instructions and form attached)
- o E-Verify registration. If you have 10 or more full- time employees you must register federally at:
<https://www.e-verify.gov/employers/enrolling-in-e-verify>
Georgia law requires you to provide us with that information.
- o Copy of Certificate of Incorporation, LLC
- o Food Service Permit
- o Copy of State License
- o Proof of ownership of building or home
- o Signed copy of lease, if renting
- o State or federal license or registration
- o Photo ID (i.e., GA Driver's License)
- o Affidavit for US Citizens or Legal Permanent Residents (attached)
- o Private Employer Affidavit (attached)

TOWN OF SHARPSBURG

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

2026 OCCUPATIONAL TAX APPLICATION

Mailing Address:
PO Box 397
Sharpsburg, GA 30277

CERTIFICATE # ISSUED: 26-_____

INSTRUCTIONS:						NAICS#:		SIC CODE:		
<ul style="list-style-type: none"> 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 						NEW: _____		RENEWAL: _____		
BUSINESS NAME			BUSINESS LOCATION (street address and zip code, no PO Box)				BUSINESS			
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 PHONE #		
_____→		BUSINESS FAX #		EMAIL				WEB ADDRESS		
TYPE: CHECK ONE _____→		<input type="checkbox"/> 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		CITY, STATE, ZIP CODE	
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: _____

Coweta County Business Emergency Information Update

Coweta County 911/Emergency Management and the Coweta Business & Alcohol License Division are updating the business license emergency database at the 911 call center. It is crucial that all business owners complete and return the following form to the designated contact persons responsible for updating these records. In case of an emergency occurring after normal business hours, please do not list the business phone number as an emergency contact.

Non-Emergency Contact Information:

911/Emergency Management

Coweta County Government

195 International Park

Newnan, GA 30265

Phone: 770-254-5809

Fax: 770-254-8533

Email: bganey@coweta.ga.us

Email: nstorm@coweta.ga.us

Important Notes:

- It is your responsibility as a business owner to keep this information updated.
- Correct information is crucial for 911 dispatchers to accurately send Public Safety to the correct location or contact the appropriate person during emergencies.
- If your business changes location, please contact the Business & Alcohol License Division for further instructions.

Your cooperation in updating this information is greatly appreciated. For any assistance or questions, please contact the Coweta County Emergency Management Department at the provided non-emergency phone number or email addresses.



195 International Park
Newnan, GA 30265
(voice) 770-254-5809
(fax) 770-254-8533

EMERGENCY BUSINESS LISTING INFORMATION

(FORM MUST BE FILLED OUT COMPLETELY)

COMMERCIAL HOME BASED RURAL SPECIAL USE

BUSINESS NAME: _____ DATE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS CONTACT/MANAGER: _____ CONTACT NUMBER: _____

MAILING ADDRESS: _____

NAME AND TELEPHONE NUMBER OF ALARM COMPANY: _____

NORMAL HOURS OF OPERATION: _____

Is there an Automatic External Defibrillator (AED)? YES NO If Yes:

Make: _____ Model: _____ Serial # _____

Location of AED: _____

IN CASE OF EMERGENCY CONTACT

(AT LEAST THREE PEOPLE AT DIFFERENT LOCATION WITH PHONE NUMBERS)

*****PLEASE DO NOT USE THE BUSINESS PHONE NUMBER****

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

COMMENTS: _____

TOWN OF SHARPSBURG, GEORGIA

Private Employer Affidavit of Compliance Pursuant to O.C.G.A. § 36-60-6(d)

(Please check the appropriate box below and complete, including notarization at bottom)

Employs more than 10 (total employees for Individual, Firm, or Corporation)

By executing this affidavit, the undersigned private employer _____ (business name) verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number (this number is NOT the FEIN / Federal Employer Identification Number) and date of authorization are as follows:

Federal Work Authorization User Identification Number (E-VERIFY) Date of Authorization:

Name of Private Employer

Employs less than 10 (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer _____ (business name) verifies that is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 10 employees and therefore, is not required to register with and/or utilize the federal work authorization program provision commonly known as E-Verify.

In making the above representation under oath, I understand that any person who knowingly and willingly 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 allowed by such statute.

Name of Authorized Agent or Officer Title of Authorized Agent or Officer

Signature of Authorized Agent or Officer

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC My Commission Expires: _____

AFFIX SEAL

**TOWN OF SHARPSBURG
AFFIDAVIT VERIFYING STATUS FOR TOWN PUBLIC BENEFIT**

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 an affidavit 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 qualified alien or nonimmigrant lawfully present in the United States is required to execute this Affidavit under oath before a notary public.

By executing this affidavit under oath, as an applicant for the Town of Sharpsburg, Georgia, I am stating the following with respect to my application for the Town of Sharpsburg (Check the box that applies.)

Business Occupational License/Tax Certificate Contract with the Town of Sharpsburg

Alcohol License

Or other public benefits as referenced in O.C.G.A. Section 50-36-1 for _____
(Name of individual, business, corporation, partnership, or other private entity and natural person applying on behalf)

I am a United States Citizen

OR

I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

Alien Registration Number for Non-Citizens: _____

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

- | | |
|---------------------------------------------------|-----------------------------------------------|
| 1. Valid, Unexpired Foreign Passport with I-94 | 4. Employment Authorization Document (I-688B) |
| 2. Temporary Resident Alien Card (I-688) | 5. Refugee Travel Document (I-571) |
| 3. Employment Authorization Card (I-76 or I-688A) | |

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. Please note that identification can take up to 2 weeks in some cases.

Signature of Applicant: _____ Date: _____

Printed Name: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ Day of _____, 20____

Signature of Notary Public: _____ My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 USC, as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens who do not have an alien registration number may apply another identifying number: _____.