



City of Statesboro

912-764-0625

## Occupational Tax Application Renewal – Massage Establishment

### APPLICATION MUST BE LEGIBLE (Please print)

- You must return this **COMPLETED** application **with payment BEFORE** your Occupational Tax Certificate can be issued. Your current license expires on **December 31<sup>st</sup>**. If the application is incomplete, it will not be able to be processed or renewed.
- You may return it by mailing it to: City of Statesboro, Attn: Tax Dept, P.O. Box 348, Statesboro, Ga 30459, OR by bringing it to City Hall located at 50 E Main St, Statesboro, Ga 30458.
- All personal property/real estate/liquor excise tax (if applicable) **MUST** be paid prior to the Occupational Tax Certificate being issued.
- Please make checks/money orders payable to the City of Statesboro. If you are tax-exempt, please include a copy of that paperwork.
- If applicable, please include copies of **ALL STATE LICENSES**. (Example: physicians' offices, nail technicians, hair stylists, massage therapists, etc.).
- All lines must include correct information or be marked "N/A" if not applicable.
- Affidavits **MUST** be notarized.
- If your business has been sold or closed, please let us know by writing the business name and the date sold/closed on the form and returning it to us so that we will have a record of it.
- If there has been a legal ownership change OR if your business has moved, you **MUST** fill out the New Occupational Tax Certificate Application.
- **Please remember to include your business email address as that is where all reminder emails are sent to when renewals are due!!**
- If you have any questions, please contact the Tax Department at 912-764-0625 or by email [tax.dept@statesboroga.gov](mailto:tax.dept@statesboroga.gov)



City of Statesboro Massage Establishment - RENEWAL 912-764-0625

**Business Information:**

**Business Sold or Closed Date:** \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Business Trade Name (DBA): \_\_\_\_\_

Physical address of business: \_\_\_\_\_

\_\_\_\_\_

Business Hours of Operation: \_\_\_\_\_

**\*\*\*If your business has changed locations, you will have to fill out a NEW Occupational Tax Certificate Application for the new location\*\*\***

Mailing address of business: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Business email address: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Georgia Sales Tax ID: \_\_\_\_\_

Is this a home based business? \_\_\_\_\_ Type of Business: \_\_\_\_\_

Ownership Status: Sole Owner: \_\_\_\_\_ Partnership: \_\_\_\_\_ LLC: \_\_\_\_\_ INC: \_\_\_\_\_ CO: \_\_\_\_\_

**Owners/Agent's Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Calculate your Fees: \*\*\*IF RECEIVED AFTER MAY 1, ADD A 10% PENALTY FEE\*\*\***

\_\_\_\_ x 20.00 + 95.00 + \$55 \$ \_\_\_\_\_

NO. EMPL RATE ADMIN FEE reg fee TOTAL AMOUNT DUE

\*Full-time equivalent employees are determined by adding the total number of hours worked by all employees per week, and dividing by 40, then rounding up to the nearest whole number. Owners are counted as full-time employees.

I, (Applicant), \_\_\_\_\_, being the (title) \_\_\_\_\_ of the business firm named, do hereby register to operate said business within the City of Statesboro. In accordance with the business ordinance of the City of Statesboro, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements, and that the same are true, correct, and complete upon issuance of a business license. It shall be my responsibility to renew the license annually by January 31<sup>st</sup>.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Complete ONLY if there are fewer than 11 employees**

**Private Employer Exemption Affidavit Pursuant to O.C.G.A. 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation **employs fewer than eleven employees** and therefore, is not required to register with and/or utilize the Federal Work Authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A . § 13-10- 90.

Signature of Exempt Private Employer: \_\_\_\_\_

Printed Name of Exempt Private Employer: \_\_\_\_\_

Name of Business: \_\_\_\_\_

I do 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 & Title of Authorized Officer or Agent: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

**Complete ONLY if there are MORE THAN 10 employees**

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs more than ten employees** and has registered with and utilizes the Federal Work Authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User ID Number: \_\_\_\_\_ Authorization Date: \_\_\_\_\_

Name of Private Employer: \_\_\_\_\_

Name of Business: \_\_\_\_\_

I do 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 of Authorized Officer or Agent: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC

MY COMMISSION EXPIRES

STATESBORO, GEORGIA  
SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) PROGRAM  
O.C.G.A § 50-36-1 (e) (2) AFFIDAVIT

NOTE: O.C.G.A. § 50-36-1 defines an applicant as "any natural person, 18 years of age or older, who has made application for access to public benefits on behalf of an individual, business, corporation, partnership, or other private entity."

O.C.G.A. § 50-36-1 provides a list of public benefits for which alien verification is required. Included in the list of public benefits at O.C.G.A. § 50-36-1 is "a state or local benefit as defined in 8 U.S.C. Section 1621," which specifically includes "any grant, loan, professional license, or commercial license provided by an agency of a State or local government or by appropriated funds of a State or local government."

By executing this affidavit under oath, as an applicant for one of the enumerated benefits as referenced in O.C.G.A. § 50-36-1 and 8 U.S.C. 1621 from the City of Statesboro, Georgia, 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, 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 agent 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 (i.e., valid driver's license or passport), as required by 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:

\_\_\_\_\_ Driver's License \_\_\_\_\_

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 in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature of applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES