



2019 OCCUPATION TAX GENERAL RENEWAL APPLICATION

50 E Main St · Statesboro, Georgia 30458
Phone (912) 764-5468
www.statesboroga.gov

Renewal Deadline: January 31st

*****IMPORTANT*****

Please note that a renewal application form must be completed EACH YEAR even if all information remains the same. The Business License Division cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be processed. Incomplete renewal applications will result in delayed processing.

ALL LINES MUST BE FILLED WITH THE REQUIRED INFORMATION OR N/A (IF NOT APPLICABLE)

PLEASE TYPE, OR PRINT

IF YOUR BUSINESS HAS MOVED OR CHANGED OWNERS PLEASE CONTACT THE TAX OFFICE.

BUSINESS INFORMATION

BUSINESS NAME: LICENSE NUMBER:	CHANGE OF BUSINESS NAME: <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS SOLD <input type="checkbox"/> BUSINESS CLOSED <input type="checkbox"/> DATE SOLD OR CLOSED:
A NEW BUSINESS APPLICATION AND ADDITIONAL INFORMATION IS REQUIRED IF BUSINESS ADDRESS HAS CHANGED		
BUSINESS ADDRESS: (Do Not Use P O Box) CITY / STATE / ZIP	MAILING ADDRESS: (If Different From Business Address) CITY / STATE / ZIP	
BUSINESS TELEPHONE NUMBER:	HOME BASED BUSINESS: <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF BUSINESS: _____	
OWNERSHIP STATUS: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> INC <input type="checkbox"/> CO	FEDERAL TAX ID #: _____ GA SALES TAX ID #: _____	

OWNER'S / AGENT INFORMATION

POSITION WITH BUSINESS: <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT (Representative Of Business)	EMAIL ADDRESS:	
OWNER'S / AGENT NAME: (First, MI, Last)	OWNER'S / AGENT HOME ADDRESS:	CITY / STATE. ZIP
DATE OF BIRTH (MM/DD/YY):	DRIVER'S LICENSE NUMBER/ STATE	OWNER'S / AGENT TELEPHONE NUMBER:

CALCULATE YOUR 2019 FEES

$\text{NO. EMPL} \times 20.00 + 95.00 = \$ \text{TOTAL AMOUNT DUE}$ <p style="font-size: small;">10% Penalty for failure to renew by January 31st</p>	<p>Full time equivalent employees are determined by adding the total number of hours worked by all employees per week and dividing by 40. Salaried employees, employees with overtime and owners should be counted as 40 hours per week.</p>
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CERTIFICATION

I (APPLICANT) _____ BEING THE (TITLE) _____
(PRINT NAME) (EX: OWNER/PRESIDENT/MANAGER/AGENT)

OF THE BUSINESS FIRM NAMED, DO HEREBY REGISTER TO OPERATE SAID BUSINESS WITHIN THE CITY OF STATESBORO.

STATE OF GEORGIA PROFESSIONAL License #: _____ If applicable, please include copies of all required State Licenses.

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 31st.

APPLICANTS SIGNATURE _____ DATE _____

DO NOT WRITE IN THIS SPACE.
OFFICE USE ONLY

Please List Information for Cosmetologist and/or Barbers
*****A copy State License will need to be provided for each person*****

Name _____

Address _____ State _____ Zip _____

Phone Number: Home _____ Cell _____

Name _____

Address _____ State _____ Zip _____

Phone Number: Home _____ Cell _____

Name _____

Address _____ State _____ Zip _____

Phone Number: Home _____ Cell _____

Name _____

Address _____ State _____ Zip _____

Phone Number: Home _____ Cell _____

Name _____

Address _____ State _____ Zip _____

Phone Number: Home _____ Cell _____

COMPLETE ONLY ONE SECTION BELOW**Section 1****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 and Title of Authorized Officer or Agent: _____

SUBSCRIBED AND SWORN BEFORE ME ON
THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires

Section 2**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 benefit as referenced in O.C.G.A. § 50-36-1 and 8 U.S.C. 1621 from 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

Commission Expires: _____