



City of Statesboro

912-764-0625

Occupational Tax Application Renewal – Nail Salon

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 31st**. 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.). This is to include the State of Georgia physical location Nail Salon license.
- All lines must include correct information or be marked "N/A" if not applicable.
- Affidavits **MUST** be notarized.
- If your business has 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



City of Statesboro

Nail Salon - 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 \$ _____

NO. EMPL RATE ADMIN 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 31st.

Signature: _____ Date: _____

****A copy of the state license will need to be provided for each person****

Full Legal Name**Expiration Date**[illegible]

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 is 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