



CITY OF STATESBORO
50 E MAIN ST
P.O. BOX 348
STATESBORO, GA 30459
P: 912-764-5468
F: 912-764-4691

Occupational Tax Certificate-Nail Salon Requirements

Applicant will need to call and schedule an inspection **AFTER** submitting all the completed paperwork to the clerk's office. The process will continue after the paperwork has been reviewed for accuracy.

Please call both of the following numbers to schedule your inspections **3 days after** you have submitted your completed application to the Tax & License Office:

Fire Department: 912-764-3473
Building Official: 912-764-0630

Include a diagram of the establishment's floor plan in accordance with Sec. 18-352 (4):

"A diagram of the establishment's floor plan must be submitted with the application. Floorplan should include the location of all rooms and equipment located within."

Please provide a copy of the physical location Nail Salon establishment's state license.

If you have any questions, please contact the tax/license department at 912-764-0625 or email tax.dept@statesboroga.gov



City of Statesboro
912.764.0625

**Occupational Tax Application
Nail Salon**

Application MUST be legible

All lines must include correct information or be marked "N/A" (if not applicable)

A business MUST be issued an Occupational Tax Certificate before conducting business.

All applicants will be required to provide a photo ID.

1. Date of application: _____
2. Applicant name: _____
3. Business Legal Name: _____
4. Business Name (DBA): _____
5. Business location: _____
6. Business mailing address: _____
7. Business phone number: _____
8. Business Hours of Operation: _____
9. Contact email: _____
10. Georgia Sales Tax #: _____ Federal Tax ID #: _____
11. State Board License #: _____ Exp Date: _____
12. List all owners, partners, officers, and managing agents

Full Legal Name: _____

Are you a US Citizen or Permanent Resident? YES _____ NO _____

Are you a State of Georgia Resident? YES _____ NO _____

Home address: _____

Telephone: _____ SSN: _____ DOB: _____

Employment for the last 2 years: _____

Address: _____

*****If there is more than one person, please provide this information on each individual on a separate sheet of paper*****

13. Is this property leased, rented, or owned? _____

14. Property owner: _____

15. Do you operate an amusement game room? YES _____ NO _____

If so, how many Class B machines? _____

16. Most recent business at this location? _____

17. Is this an ownership change only? _____

18. Does your Business Signage comply with the requirements set forth in the Massage Establishment Ordinance Sec. 18-355 (d) & (e)? YES _____ NO _____

(f) A sign or lettering shall be posted at the main entrance identifying the business as a Salon. The sign and the front of the business shall not be illuminated by strobe or flashing lights.

(g) The hours of operation must be posted on the front door or window, clearly visible from the outside.

19. Do you have the required Human Trafficking signage displayed in your business as set forth in the Salon Ordinance Sec. 18-355 (i)? YES _____ NO _____

(i) The notice regarding human trafficking notice must be displayed in all bathrooms as required by State law.

20. Are alcohol sales proposed? YES _____ NO _____

21. Have you ever owned or operated a business in the City of Statesboro? YES _____ NO _____

If yes, please list the name of the business and the location of the business:

22. Have you ever had a business license revoked or suspended in another city or state?

YES _____ NO _____

If yes, list all massage or similar business license history whether the applicant has had a business license revoked or suspended, the reason therefore, and the business activity, or occupation subsequent to such action of suspension or revocation:

23. List the name and address of each masseuse who will be employed in the establishment and any massage business or other establishment owned or operated by that masseuse.

24. Describe any other business to be operated on the same premises or on adjoining premises owned or controlled by the applicant:

25. List all criminal convictions other than misdemeanor traffic violations, including the date of convictions, nature of the crimes, and place of conviction.

26. Please answer the following questions about your Business Location:

____ YES If your proposed place of business is utilizing an existing building, will it constitute
____ NO a change of use from the type of business previously there?
 If yes, please contact the Engineering Department at (912)764-0655.

____ YES Will there be electrical, plumbing, or heating/air work performed prior to opening
____ NO your business?
 If yes, please contact the City Building Official at (912)764-0630.

____ YES Will construction valued at more than \$1000.00 be performed prior to opening
____ NO your business?
 If yes, please contact Planning and Development at (912)764-0630.

____ YES Does the building meet handicap accessibility?
____ NO If no or unsure, please contact the Building Official at (912)764-0630.
____ UNSURE

Even if all questions are checked "NO," the Fire Official **must** perform an inspection of your building, and any code violations found **must** be corrected. Please call (912)764-3473 to schedule the fire inspection. If any code violations are found, they must be corrected and re-inspected **prior** to the issuance of the Occupation Tax Certificate.

Each person who is licensed by the examining boards of the Secretary of State's office **must** provide evidence of proper and current state licensure before a City of Statesboro Occupation Tax Certificate will be issued. **Please submit this information with your application.**

Each person who is licensed by the medical boards **must** provide a copy of the current license before a City of Statesboro Occupation Tax Certificate will be issued. **Please submit this information with your application.**

FEES:

Application Fee: \$ 40.00

Administration Fee: \$ 95.00

Number of full time equivalent employees: _____ X \$20 = \$ _____

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

Total Due to City of Statesboro \$ _____

****Please read AND initial each statement below****

_____ ALL business licenses expire December 31st each year. It is the **business owner's** responsibility to renew the license **before** January 31st each year to avoid late fee penalties.

_____ I understand the penalty fees **will not** be dropped due to failure to make a timely renewal.

CERTIFICATION:

I, _____ BEING THE _____
Print Name Title

OF THE BUSINESS FIRM HEREIN NAMED, ATTEST THAT THE NUMBER OF EMPLOYEES REPORTED ABOVE IS THE NUMBER OF EMPLOYEES REPORTED ON THE GEORGIA DEPARTMENT OF LABOR TAX AND WAGE REPORT, AND I DECLARE THAT THE ABOVE INFORMATION CONTAINED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

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

NOTARY PUBLIC

MY COMMISSION EXPIRES



STATESBORO POLICE DEPARTMENT

25 WEST GRADY STREET / STATESBORO, GEORGIA 30458

PHONE: (912) 764-9911 / FAX: (912) 489-5050

Please take a moment to complete the following information regarding your new business. This information will be forwarded to the Statesboro Police Department to maintain a database for current information on businesses in case of emergency after-hours contact. If any of the information should change, we would appreciate notification at the following address and telephone number. Again, thank you for your time and patience in completing this form. If you have any questions or concerns, please feel free to contact:

Statesboro Police Department

25 West Grady Street

Statesboro, Ga. 30458

(912) 764-9911

Business Name: _____

Street Address: _____

Business Phone: _____ **Reference Person:** _____

Dispatch Alert: Please note any private security information regarding your business (such as a vicious dog at the gate, alarm company, etc).

Contact Information: Please list three emergency contacts.

Name

Telephone Numbers

Cell Phone Numbers

General Information: Such as hours of operation, please list any information that you feel would assist us in serving you and your business.

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.

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

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

Georgia Department of Revenue

Any person who performs any business, occupation, or profession subject to an Occupation Tax or regulatory fee under O.C.G.A. 48-13-1 is required to provide the city with the following information when paying such occupation tax or regulatory fee.

Legal Name of Business: _____

Any associated Trade Names for the business: _____

Mailing address for the business: _____

Physical address for each location of the business: _____

Sales and use Tax Identification number assigned to the business by the Georgia Department of Revenue, if the business is required by law to have such a number: _____

I solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required is true and correct to the best of my knowledge, and I fully understand that any false information will cause the denial or revocation of any license issued by the City of Statesboro. I also fully understand that knowingly providing false information under oath in this affidavit will subject me to criminal prosecution and possible imprisonment.

Signature

Notary Public

Office Use:

North American Industry Classification System Code (NAICS) _____



Statesboro Fire Department

Fire Inspection Checklist for Business Licenses

Fire Prevention Division
24 W. Grady St
Statesboro, GA 30458
Office: 912-764-FIRE (3473)
Fax: 912-681-7205

Fire Inspectors look at many items in your business. As a public service, the Statesboro Fire Department's Prevention Division is providing you with a self-checklist to assist you and your business in making an assessment of your surroundings before and after the Official inspection by a Fire Inspector.

The checklist will give you a better understanding of what Inspectors look for and will assist you in obtaining a complete/passing inspection during the first visit. The checklist is **NOT** all-inclusive, as some businesses will require other items above and beyond what is on the list. Your inspector looks forward to discussing these additional items during the visit if requested.

The Statesboro Fire Department has adopted the Georgia Minimum Fire Safety Codes as the model code for the community. Fire Inspectors use this and other referenced codes as a standard for inspections within the fire district. Some of the most common codes used are:

National Fire Protection Association 101, Life Safety Code, 2012th Edition, National Fire Protection Association 10, Standard for Portable Fire Extinguishers, 2002nd Edition, National Fire Protection Association 70, National Electrical Code, 2005th Edition, National Fire Protection Association 96, Kitchen Hood Systems, 2004¹ Edition, International Fire Code, 2012th Edition, International Building Code, 2012th Edition, Georgia 120-3-3

These are NOT the only codes enforced by the Fire Prevention Division. Other referenced codes may be used based on the circumstances presented to the bureau inspector.

Should you require further information, please feel free to contact the inspection division at the above number or via e-mail. An inspector will contact you within a reasonable amount of time to answer your questions.

Thank You

Prevention Officer



Statesboro Fire Department

*Proudly serving the City of Statesboro
and surrounding communities since 1905*

Exits

- Illuminated exit signs maintained in working order
- Proper lock/hardware on exit door (no flush bolts, hasps, etc.)
- Means of egress shall be kept clear
- Emergency lights maintained and in working order
- Exit doors open easily and close after opening
- Exit discharge is clear to the public way
- Doors with panic hardware shall have no other locking devices
- There is a sign over the main entrance, "this door to remain unlocked during business hours", if the door has a double keyed deadbolt
- Maximum occupancy signage shall be posted in a conspicuous location near the main entrance for assembly occupancies

Extinguisher/Fire Protection Equipment

- A minimum 2A10BC extinguisher installed as directed
- Hood extinguishing system maintained, and six month service and cleaning documented
- Fire extinguishers serviced within the past year and a new service inspection tag attached
- Extinguishers are securely mounted or in an approved cabinet
- Fire extinguishers are not obstructed and in plain view
- Fire extinguisher top shall be placed between 36" and 50" from floor
- Class K extinguisher installed within 30' of hood and duct system
- Fire alarm system in proper working order AND tested annually with accurate documentation
- 18" clearance between storage and sprinkler heads
- Sprinkler system shall be maintained AND tested annually with accurate documentation
- Standpipe shall be tested every 5 years, and flows taken every 3 years
- Maintain access to fire hydrants and connections for sprinkler and standpipe systems
- Fire and smoke walls shall be maintained and have no opening other than those allowed by the fire code

Electrical

- NO extension cords in place of permanent wiring. (Power strips with breaker buttons are acceptable)
- Electrical panel is not overloaded or obstructed
- 36" clearance maintained in front of electrical panels
- No multi-plug adapters in use, other than approved power strips
- There are no spliced or frayed cords or wires
- Spacers/Blanks installed in electrical panel gap(s)
- Circuit breakers are labeled
- No broken, faulty, or missing switches or outlets
- No missing covers for switches, outlets, junction boxes, electrical panels, etc.
- Electrical cords do not extend through walls, ceilings, floors, or above or under doors or floor coverings
- No exposed wiring in conduit

Appliances/Mechanical Devices

- All appliances are properly wired, connected and vented
- All appliances are listed

Storage/Combustible material/Housekeeping

- Flammable liquid properly stored
- No accumulation of combustible materials
- Oil rags in non-combustible container with lid

- Compressed gas cylinders secured regardless if full, in use, or empty
- "No Smoking" signs installed as required in areas where combustible materials are stored
- Area around building free of combustible material (weeds, trash, boxes, etc.)
- Maintain storage 24" below ceilings without a sprinkler system
- Maintain 36" clearance around items such as furnace and hot water tanks and other ignition sources
- No storage shall be kept in exit stairways

Miscellaneous

- Fire protection equipment unobstructed
- Fire hydrants and fire department connections are visible and unobstructed
- Fire hydrants and other fire protection equipment are protected from physical damage where subject to impact by vehicles
- Knox box entry system mounted in an accessible place for Madison Fire District use only
- Charcoal grills, propane grills, and/or other open-flame cooking devices shall not be located on combustible balconies or within 10' of combustible construction. EXCEPTIONS: one and two family dwellings, and where balconies/decks are protected by an automatic sprinkler system
- Address numbers shall be posted in contrasting colors on front and rear doors for commercial businesses. Numbers shall be a minimum of 8" high on the front and 4" on the back. All other structures shall be 4" except home daycares, which shall be 6".

Note: This list is a general guideline only for common violations that can be readily determined and corrected by the occupant.