



City of Statesboro

912-764-0625

**Occupational Tax Application
Pawnbroker, Secondhand Dealer & Dealer in Precious Metals & Gems**

**APPLICATION MUST BE LEGIBLE
(Please print or type)**

All lines must include correct information or 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. Business Legal Name: _____
3. Business Name (DBA): _____
4. Business Location: _____
5. I have verified the business address with Bulloch County's 911 _____
6. Business Mailing Address: _____
7. Business Owner(s): _____
(Partnership _____ LLC _____ Corporation _____ Individual _____)
8. If a partnership, list all partners: _____

9. If a corporation, list all presidents: _____

10. If a corporation, name the state in which it is incorporated: _____
11. Business Telephone: _____
12. Contact email: _____
13. Business Owner's Address: _____

14. Business Owner's Telephone: _____

15. Business Owner's date of birth _____ SSN _____

16. Manager/Supervisor if different than owner: _____

17. Manager/Supervisor physical address: _____

18. Manager/Supervisor's phone number: _____

19. Property Owner's name: _____

20. Georgia Sales Tax # _____ Federal Tax ID# _____

21. State Board Certificate # _____ Expiration Date: _____

22. Type of business being conducted: _____

23. Do you operate an amusement game room? Yes ___ No ___ If so, how many Class B
Machines? _____

24. Name and address of owner(s) of machine(s) and a copy of owners master license.

25. Most recent business at this location? _____

26. Is this an ownership change only? _____

27. Are alcohol sales proposed? _____

28. 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:

29. Is your business a home occupation? Yes _____ No _____

____ 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)764-0655.

____ 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)764-0655.
____ 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.**

Sec 18-60- Bond

- a) Before any license shall be issued pursuant to this article, the applicant shall file with the city council a bond binding the applicant to the city in the full sum of \$10,000.00, executed by the applicant as principal and by a surety approved by the city council, the statutes of the state governing the conduct of such business and will pay all judgements rendered against the applicant for any violation of such ordinances or statutes. Action on the bond may be brought in the name of the city in its own behalf.
- b) Before any license shall be issued pursuant to this article, the applicant shall file with the city clerk an instrument appointing the clerk of the city council as his true and lawful agent for service of process upon the applicant for the performance of the conditions of the bond or for any breach thereof. Immediately upon service of process upon the clerk of the city as provided in this section, the clerk shall send to the licensee, at his last known address, by registered mail, a copy of such process.

I have read and understand the above statement.

Signature

Date

****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 for my failure to make timely reports.

FEES:



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 in maintaining 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 vicious dog at gate, alarm company, etc...).

Contact Information: Please list three emergency contacts.

<u>Name</u>	<u>Telephone Numbers</u>	<u>Cell Phone Numbers</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Complete ONLY if there is LESS THAN 11 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 that it is exempt from compliance with O.C.G.A sec 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 sec 13-10-90.

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 I621," 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. § I6-10-20, 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 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) _____



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 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.

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

If you have any questions, please call the tax/license department at 912-764-0625.