



OCCUPATIONAL TAX CERTIFICATE PROCEDURES AND RENEWAL PROCESS

60 Booster Field Drive
Whitesburg, GA 30185
Telephone: 770-834-0848 Fax: 770-832-1180
Email: whitesburg@whitesburgcity.com

To obtain an Occupational Tax License in the City of Whitesburg, an applicant must complete the following requirements:

1. Complete the attached application and required documents.
2. The State of Georgia requires that before a business license is issued, a current copy of your state license (if you are required to have one) must be submitted with your application. You must submit either the Affidavit of Compliance or Exemption Affidavit in regard to E-Verify. All applicants, including renewals, must complete the affidavit verifying status for City Public Benefit and it must be submitted with a copy of your driver's license or Alien Registration card.
3. A copy of your previous years' Schedule C tax form and official letter from your Certified Public Accountant is required to calculate the tax. The tax will be calculated from the SIC (Standard Industrial Classification) code adopted from Carroll County. If you are performing multiple business functions in the same location, the dominant activity, or activity with the highest tax class, is what will determine your SIC code.
4. The Fire Safety Inspection Application, Key Holder Information, and Affidavit for a Business License each need to be completed in order to obtain a business license.
5. Pay the appropriate license fee, including the administration fee of \$75 and tax, at the time the business license is *APPROVED*.
6. **For a new business only:** Contact Carroll County Fire Marshal located at 501 Old Newnan Road, Carrollton, Georgia, 30117. Call them at 770-830-5880 to request an inspection of the location to ensure that it meets the requirements of the Fire Safety Code.

All documents must be returned to City Hall. The City of Whitesburg will review the documents for compliance, and a license will either be approved or denied. Licenses will be issued only after receiving the required documentation and all fees are paid.

Please note: No one is authorized to operate a business until a license has been approved and issued by the City of Whitesburg.

OCCUPATIONAL TAX CERTIFICATE APPLICATION

Business Name: _____

Business Location: _____
(Street Number and Name)
Whitesburg, GA 30185

Business Mailing Address: _____
(Street Number and Name or P.O. Box Number)

(City, State and Zip Code)

Business Telephone Number (Include Area Code): _____

Description of Dominant Business: _____

If business is a partnership or corporation, please attach a list of the names, home phone numbers and addresses of all partners, officers or directors.

Applicant Name: _____ DOB: _____

Applicant Home Address: _____
(Street Number and Name)

(City, State and Zip Code)

Applicant Mailing Address: _____
(Street Number and Name or P.O. Box Number)

(City, State and Zip Code)

Applicant Telephone Number (Include Area Code): _____

Applicant Soc. Sec. Number or Tax I.D. Number: _____

Applicant State Board License Number (if required): _____

I (we) understand that the Occupational Tax Fee is based on the total gross of the business. I (we) will submit a copy of the federal income tax forms for the business to the City of Whitesburg to be placed in our file.

NEW BUSINESS ONLY: Enter estimate of gross volume of revenue from commencing date to end of calendar year \$ _____. If actual gross receipts for the year are different from the estimate, the city will adjust the tax assessed and paid at the time of renewal of the license.

Signature of Applicant and Position

Date

OFFICE USE ONLY

TAX CERTIFICATE NUMBER: _____ CALANDAR YEAR: _____

SIC CODE: _____ TAX RATE: _____ FEE PAID: \$ _____

DATE ISSUED: _____ ISSUED BY: _____



E-VERIFY EXEMPTION

PRIVATE EMPLOYER 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 as of JULY 1, 2013, the individual, firm, or corporation employs fewer than ten (10) 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.

IF THE BUSINESS HAS LESS THAN TEN (10) EMPLOYEES SIGN BELOW:

Name of Exempt Private Employer: _____

Signature of Exempt Private Employee/Agent: _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ in _____,
(Month) (Day) (Year) (City) (State)

Signature of Authorized Officer or Agent

Printed Name & Title of Authorized Officer or Agent

NOTARY

Sworn to and subscribed to me on this _____

SEAL:

day of _____, _____

Signature: _____

My Commission Expires: _____



AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Whitesburg, Georgia Business License or Occupation Tax Certificate, Alcohol License, or other public benefit, as referenced in O.C.G.A. Section 50-36 -1, I am stating the following with respect to my application for a City of Whitesburg (Occupational Tax Certificate or Alcohol License or other public benefit, I am stating the following for: _____

(Name of person applying on behalf of business, corporation, Partnership, or other private entity)

A representative of: _____
(Name of Business or Corporation, partnership, or other private entity)

from the City of Whitesburg, 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 18 years of age of the United States
3. _____ I am a qualified alien or 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.

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, as required by O.C.G.A. § 50-36-1 (e) (1), with this affidavit.

O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number:

The secure and verifiable document provided with this affidavit can best be described as follows:

(Alien Number or Document Source)

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.

Signature of Applicant

AFFIX SEAL

SUBSCRIBED AND SWORN BEFORE ME
ON THIS _____ DAY OF _____

Printed Name

_____, 20_____

Date

Notary Public

My Commission Expires: _____



OCCUPATIONAL TAX: CERTIFICATE OF OCCUPANCY
Fire Safety Inspection Application (No Fee Required)
(New Businesses Only)

Name of Business: _____

Business Address: _____

Date of Occupancy: _____

Type of Occupancy (Business Type): _____

Name of applicant (Please Print): _____

Telephone Number: _____

Names of Utility Companies Servicing Premises: _____

Name on Utility Service Accounts: _____

OPERATING A BUSINESS WITHOUT AN OCCUPATIONAL TAX LICENSE IS PROHIBITED AND SUBJECT TO A FINE AND/OR IMPRISONMENT.

Signature of Applicant: _____ Date: _____

Signature of Fire Marshall: _____ Date: _____

DO NOT COMPLETE – OFFICE USE ONLY

Prior Occupancy (Business Type): _____

Processed By: _____

Date: _____



WHITESBURG POLICE DEPARTMENT

**60 Booster Field Drive
Whitesburg Ga, 30185**

Phone Number: 770-832-1184

Fax Number: 678-796-1999

TO: Business Owner/Proprietor/Operator/Manager

FROM: Whitesburg Police Department

RE: Manager/Key-Holder Information

In our effort to provide better police service and response, the Whitesburg Police Department is requesting the following information from your business. This information will only be used to assist us in providing prompt and efficient police services and to provide us with a business point of contact if the need arises. You may return the completed form by faxing it to the Whitesburg Police Department at (770) 678-796-1999.

GENERAL INFORMATION

Business Name: _____

Business Address: _____

Phone Number: _____

AFTER HOURS CONTACT INFORMATION

Manager: _____ Phone Number: _____

Key Holder: _____ Phone Number: _____

Key Holder: _____ Phone Number: _____

Should you have any questions or if further clarification is needed, please feel free to contact the Whitesburg Police Department at (770) 832-1184.

Thank you for your cooperation regarding this matter.

Whitesburg Police Department



AFFIDAVIT FOR A BUSINESS LICENSE

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a business license under the Ordinances of the City of Whitesburg:

The information contained within the application attached hereto and filed at City Hall of Whitesburg consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of the City of Whitesburg in making a decision whether to issue this Application, License, Permit, or other approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due to the City of Whitesburg.

I declare under penalty of false swearing that the above is true and correct.

This _____ day of _____, _____.

Sworn to and subscribed

Before me this _____ day

of _____, _____.

Notary Public

My commission expires: _____

SEAL

AFFIANT (signature)

Address:

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address.

Entity Address:

