

City of Hamilton
PO Box 112
Hamilton, GA 31811
706-628-5321 fax 706-628-9520
Mayor Ransom Farley

September 1, 2022

Dear Business Owner:

It is time to renew your Occupational Tax (Business License) with the City of Hamilton for the year of 2023. Your current license expires December 31, 2022. Payment and forms must be received by December 31, 2022 to prevent a penalty or the closing of your business (See enclosed amendment). Enclosed you will find an application and affidavit form that the city is required to have on file for each business. Please complete both of these forms and return them to City Hall with proper payment. We cannot issue a license without the forms and payment. The affidavit requires a notary signature which the City of Hamilton will do for you at no charge. All fees are listed below. If you no longer have your business here in Hamilton, please let us know so that you can be removed from our listing. The City of Hamilton respectfully requests any occupation that handles food products and is required to maintain a health department permit to submit a copy of the latest permit along with the occupational tax application. Any occupation that requires a state license must submit a copy of the state license along with the occupational tax application. Payment is required when submitting your application. The city will gladly make copies of your certificates for our files at no charge to you. Remember, your occupational license must be displayed for patrons to see.

2023 OCCUPATIONAL TAX CHARGES

\$75.00 Standard Business License (Ex. Café, grocery store, dry cleaners)

\$125.00 Professional Business License (Ex. Lawyer, Physician, Optometrist, Funeral Home)-any that requires a State or Federal License

2023 ALCOHOL LICENSE

Beer – off premise only	\$100.00
Wine – off premise only	\$100.00
Beer – on premise	\$200.00
Wine – on premise	\$200.00
Liquor – on premise	\$2500.00

The City of Hamilton appreciates the business owners of Hamilton and wishes each of you a happy and successful year!!

If you have any questions, please contact the City of Hamilton at the above address or phone number.

Thank you,



Aaliyah Brawner
Deputy City Clerk

City of Hamilton Occupational Tax Application

This form must be completed and submitted to the City of Hamilton before a License can be issued.

License Number: _____
(Office only)

Year: _____

Date: _____

Name of Applicant: _____

Name of Business: _____

Nature of Business: _____

Physical Address: _____

Mailing Address: _____

Phone Number: Day: _____ Night: _____

E-mail Address: _____

E-Verify Number (required): _____ Exempt: __Y__N
(If you have NO employees, e-verify not required)

Driver's License Number and State (copy required): _____

Social Security Number: _____

Sales Tax Number: _____

I certify that the information submitted is true, correct and complete to the best of my knowledge:

Signature

City of Hamilton Affidavit to Verify Status for City Public Benefits

By executing this affidavit under oath, as an applicant for a City of Hamilton, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Hamilton, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit, (circle one) for:

Name of Applicant, or natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1. ☐ I am a United States Citizen
OR
2. ☐ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Subscribed and Sworn before me on this, the
_____ day of _____, _____

Printed Name

Notary Public/My Commission Expires

Date

Alien Registration number for Non-citizens*

*Note: O.C.G.A. §50-36-1(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 here: _____

Private Employer Affidavit Pursuant To O.C.G.A. 36-60-60(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. 36-60-60(d):

Section 1. Please check only one:

A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

***If you select Section 1 (a), please fill out Section 2 and then execute below.

B) _____ On January 1st of the below signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***If you select Section 1 (b), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilized the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. 36-60-60. The undersigned private employer also attests that its federal work authorization uses identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Executed on _____, _____, 202__ 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 _____, 202__

Notary Public

My Commission Expires: _____