City of Adairsville

116 Public Square • Adairsville, Georgia • 30103
Phone (770) 773-3451 • Fax (770) 773-2582 • www.adairsvillega.net

Office of Community Development

Occupational Tax Certificates for New Businesses

Occupational Tax Certificates are issued within 2-4 working days of submitting the following required documentation:

- All applicants for any public benefit (i.e. permit, certificate and /or license) given by the City of Adairsville will be required by State law to submit a SAVE Affidavit and secure and verifiable document; non-U.S. citizens must submit acceptable immigration documentation which will be used to verify lawful presence in the United States via U.S.C.I.S (O.C.G.A. § 50-36-1 & 2).

- An E-Verify Affidavit will also be required for each business receiving an occupational tax certificate / business license / permit (O.C.G.A. § 36-60-6).

- Required Documentation (If Applicable):

  - Copy of Signed Zoning Verification Application.
  - Copy of valid secure and verifiable document (e.g. driver's license).
  - Copy of Lease.
  - Applicable license fee, payable by cash or check.
  - Certificate of Occupancy
  - Certified Fire Inspection – PAGE 5
  - Required Health Inspection Report with Grade – PAGE 7
  - Required licensing and documentation as determined by the State of Georgia, such as licenses, Georgia Sales & Use Tax Certificate, permits, etc.
  - Copy of required business registration from the Georgia Secretary of State (404-656-2817) or Bartow County Clerk of Superior Court for DBA (Required by State Law O.C.G.A. § 10-1-490).
  - NAICS Number (North American Industry Classification System)
  - All documents must be signed by the same qualified applicant.

Fee Schedule:

Two (2) Part -Time Employees = One (1) Full – Time Employee	
1	$100
2-5	$175
6-10	$250
11-50	$325
51-100	$400
101-200	$650
201-500	$1000
501-1000	$1500
1000+	$2000

****Please keep this page for your records and reference****

Occupational Tax Certificate Application

PLEASE NOTE: This application must be submitted to the Community Development Department within two (2) weeks of initiation of application. The application (pages 3 - 6) must be COMPLETED and returned with applicable fees to obtain certificate. Checks can be made payable to: ***City of Adairsville***

Name of Business: _____

Business Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Alt. Phone: _____

Business Email: _____ Alt. Email: _____

Owner of Business: _____

Home Address: _____

Manager of Business: _____

Home Address: _____

Description of Business: _____

_____

_____

Number of Employees: Full-Time _____ Part-Time _____

Sales Tax ID Number: _____

NAICS Number (North American Industry Classification System): _____

SIC Number (Standard Industrial Classification): _____

E-Verify: _____ SAVE: _____

Is the proposed business a pawnshop, alcohol sales or bed & breakfast? YES NO

- If yes, additional permits must be obtained from the City of Adairsville.

Is the proposed business a tire dealer or mechanic shop? YES NO

- If yes, additional information will be required.

Will a new sign be placed at this location? YES NO

Will you be interested in a ribbon cutting from the City? YES NO

Have you the applicant, or anyone having any ownership of this business ever violated, been arrested or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? YES NO

If yes, please list all dates and locations of the offenses and disposition of charges:

_____

_____

I certify the above information is true, correct and contain no false or fraudulent information. In addition, I understand my business location must conform to all City of Adairsville Ordinances, Rules and Regulations. Furthermore, I understand non-compliance with any City of Adairsville Ordinance, Rule or Regulation will result in a non-renewal of Occupational Certificate / Business License for this business.

_____ _____

Signature Date

Inspections required for issuance of

Occupational Certificate / Business License

On completion of a building, prior to occupancy, a final inspection must be done. The following should be contacted, by applicant, for their approval when applicable.

1. **City of Adairsville – Community Development Department**

   Has Zoning Verification Application been submitted?

   YES NO

   Have property taxes been paid?

   YES NO

   Approval: _____ Date: _____

2. **City of Adairsville – Utilities Department** – 770-773-3451 x 101 or 103

   Approval: _____ Date: _____

3. **City of Adairsville – Building Inspection** – cbeck@adairsvillega.net ***(email only)***

   Approval: _____ Date: _____

4. **City of Adairsville – Nate Giddens** – 470-529-3015

   Backflow Preventer: YES NO

   Grease Trap ***(when applicable):*** YES NO

   Approval: _____ Date: _____

5. **Bartow County Fire Marshal** ***(Fee Required)*** – 770-387-5151

   Approval: _____ Date: _____

6. **Bartow County Health Department** ***(Fee Required)*** – 770-387-2614

   OR **GA Dept. of Agriculture** – 770-535-5955 ***(only required for food service)***

   Approval: _____ Date: _____

7. **City of Adairsville – FINAL INSPECTION – Code Enforcement** – 770-773-3451 x 108

   Approval: _____ Date: _____

Systematic Alien Verification for Entitlement Affidavit

O.C.G.A § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a(n) _____, as referenced in O.C.G.A § 50-36-1, from City of Adairsville Government, 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 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.

My alien number issued by the Department of Homeland Security or other federal immigration agency 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, 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 be classified as: _____

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 may face criminal penalties as allowed by such criminal statute.

Executed on _____ in _____, _____.
Date City State

_____ _____
Printed Name of Applicant Signature

_____
Name of Business

Sworn to and subscribed before me this

_____day of _____, _____.

_____ *SEAL*
Notary Public

Date My Commission Expires: _____

Private Employer Affidavit of Compliance with the Federal Work Authorization Program

Pursuant to O.C.G.A. § 36-60-6(d)

** THIS FORM IS REQUIRED BY STATE LAW **

By executing this affidavit under oath as an applicant for a(n) _____, as referenced in O.C.G.A § 36-60-6, from City of Adairsville Government, the undersigned applicant, representing the private employer known as _____ [printed name of employer – individual, firm, or corporation] verifies one of the following with respect to my application for the above mentioned business document:

_____11 or more employees – *You must provide the following information in order to receive an occupational tax certificate.*

_____
Federal Work Authorization User Identification Number (E-Verifiy)

_____10 or fewer employees – *Automatically exempt from participation in E-Verify Program.*

Furthermore, I, as the applicant, affirmatively state that the employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6.

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 allowed by such statue. Executed on the

Executed on _____ in _____, _____.
Date City State

_____ _____
Printed Name of Applicant Signature

_____
Name of Business

Sworn to and subscribed before me this

_____day of _____, _____.

_____ *SEAL*
Notary Public

Date My Commission Expires: _____