Occupational Tax Certificate - Business License

- □ Contact the Planning Department to confirm zoning for proposed location
  - Phone number – (706) 752-7985
  - Email – mbogle@madisonga.com

- □ Contact Gene Porter, Fire Marshal, to schedule a certificate of occupancy inspection; (This does not apply to Home Occupation Applicants)
  - Phone Number – (706) 752-752-7962
  - Email - gporter@madisonga.com
  - **Fire Inspection Fee:** $50.00

- □ Utility Set Up – KeeKee Hunnicutt can assist with setting up utilities (water, gas, and sanitation). A signed copy of the lease must be present when setting up utilities.
  - Phone Number – (706) 752-752-7962
  - Email – khunnicutt@madisonga.com

- □ Sign Permits – **IF** you are installing a sign you will need to contact Ken Kocher.
  - Phone Number – (706) 752-7952
  - Email – kkocher@madisonga.com

- □ Return Occupational Tax Application, E-Verify affidavit and SAVE affidavit to Deborah Gilbert, City Clerk
  - Phone Number – (706) 752-7946
  - Email – dgilbert@madisonga.com
    *An invoice will be issued once the occupational tax application has been returned to City Hall and approved

City of Madison
ATTN: CITY CLERK
132 North Main St.
Madison, GA 30650

Office Use Only
Date Received: _____
Account No: _____
Copy to Utilities: initials _____
Copy to Main Street initials _____
Payment Method: initials _____
Processed Date: _____

Occupational Tax Application

Any information listed on this form, other than the sales tax id number, will be posted online unless you contact Deborah Gilbert, City Clerk

1. CONTACT INFORMATION

Applicant

Mailing Address Telephone

2. BUSINESS INFORMATION

Legal Name of Business

DBA (if different)

Business Location/Address Business Telephone

Mailing Address (if different)

Sales & Use Tax Id E-mail Address

Preferred Internet Link (website, facebook, etc)

Primary Business Category *See http://www.madisonga.com/businesscategoryindex for listings.

Secondary Business Category *(primary listing free; secondary listing $50)*

3. OCCUPATIONAL TAX INFORMATION

a. Type of Business _____ NAICS: _____

b. If business relocated, previous Madison property address: _____ [account _____]

c. Number of employees* _____ Full time _____ Part time

PLEASE NOTE: *Owners or any family members who work with the business are considered employees to the extent of time spent working with the business.

d. Please note if you are a public employee, teacher or employee of a public school, judge, law enforcement Officer, employee of the Georgia Department of Revenue or Bureau of Investigation or city official. _____ *(initial)*

4. I, the undersigned, certify that the above information is true and correct.

Signature Date

Office Use Only:

[zoning-primary use _____] [zoning district_____]

Zoning Confirmation - Planning Department *(date/initials)* _____
Code Inspection / CO required prior to occupancy - Fire & Building (*date/initials)* _____
Special Tax District / Downtown Madison Special Tax District / Interstate Interchange

CITY OF MADISON
P. O. Box 32
Madison, GA 30650
(706) 342-1251

Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an applicant for an occupational tax certificate as referenced in O.C.G.A. § 36-60-6, from the City of Madison, the undersigned applicant, representing the private employer known as _____ [*printed name of private employer*] verifies the following with respect to my application for the occupational tax certificate:

1. **During the Occupational Tax Year the above said business will have employed**

(a) ☐ more than ten (10) employees.

(b) ☐ ten (10) or less employees.

If you selected 1(a) please fill out Section 2 below.

2. **The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines in O.C.G.A. §36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

_____
E-Verify Number [Federal Work Authorization User Identification Number]

_____
Date of Authorization

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 statute.

Executed on _____ date of _____, 20__ in _____(city), _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED TO AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,
20___.

_____
NOTARY PUBLIC

My Commission Expires:

_____

ONLY FOR NEW BUSINESS APPLICANTS AND LEGAL RESIDENT ALIENS

S.A.V.E. AFFIDAVIT

By executing this affidavit under oath, as an applicant for an occupational tax certificate, as referenced in O.C.G.A. §50-36-1, from the City of Madison, 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 (DHS) or other federal immigration agency. My alien number issued by the DHS or other federal immigration agency is: _____.

I am 18 years or older and have provided at least one secure and verifiable document with this affidavit. The secure and verifiable document provided with this affidavit is: _____.

In making the above representations 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).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED TO AND SWORN BEFORE ME ON THIS THE ____ day of _____, 20___.

_____
Notary Public
My commission expires: _____

Official Use Only

The secure and verifiable document provided with this affidavit is marked on the list below from http://law.ga.gov/sites/law.ga.gov/files/related_files/site_page/2013%20Secure%20and%20Verifiable%20Document%20Listing.pdf

1.__ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
2.__ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
3.__ An unexpired driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

4.__ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

5.__ An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

6.__ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

7.__ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

8.__ An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I 94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law[1] [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

9.__ An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

10.__ An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

11.__ An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

12.__ An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

13.__ An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

14.__ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

15.__ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

16.__ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

17.__ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

18.__ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

19.__ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

20.__ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

For further reference see http://www.gmanet.com/Assets/PDF/ImmigrationLaw_secureverifiable_documents.pdf

____Copy of Document Attached, Verified By:_____ Date_____

[1] 1 Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.