



**INSTRUCTIONS FOR APPLYING
FOR A CITY OF FORT VALLEY
OCCUPATION TAX LICENSE aka BUSINESS LICENSE
PLEASE READ PRIOR TO COMPLETING APPLICATION!**

We are pleased to assist you in any way possible in your new business venture and are happy you have chosen Fort Valley as the location for your business. A City of Fort Valley Occupation Tax License is exactly what its name implies, a city-executed document which indicates that the applicant has met all requirements to operate a business within the city limits. It does NOT indicate the quality or quantity of services provided by said business. Our City Code provides for an occupation tax to be paid by each business which operates within the city limits of Fort Valley upon opening and annually. **REMEMBER, YOUR LICENSE IS TO BE DISPLAYED IN THE BUSINESS FOR PUBLIC VIEW AT ALL TIMES.**

PLEASE NOTE: An occupation license does **NOT** give you the right to open your business. You must obtain a Certificate of Occupancy (CO) which is a document that certifies that a building is safe and ready to be used by verifying the structure complies with local building codes, usage regulations, and safety requirements. New buildings must have CO, and existing buildings must have a current or amended CO when there is a change in use, egress, or type of occupancy.

THE APPLICATION

- Applications are available in Fort Valley City Hall, 204 West Church St, Fort Valley, GA 31030, or they are available via our website www.fortvalleyga.org.
- Items which must accompany all applications are as follows: **(incomplete applications will increase the processing time)**
 - * Completed Application – **PLEASE COMPLETE ALL AREAS**
 - * Picture ID
 - * Evidence of SS# OR Tax ID#
 - * Evidence of Ownership of Site OR Signed and Dated Lease (If you do not own the property on which you are seeking to do business, then permission by property owner must be provide in the form of a signed/ dated lease)
 - * (2) Completed, Signed, Notarized Citizenship Affidavits (Required)
 - * E-VERIFY – If you have an E-Verify Number, PLEASE INCLUDE THAT NUMBER ON THE APPLICATION. If you do not have an E-Verify number or do not know whether your business requires one, you may obtain additional information by going to e-verify.gov. The Department of Homeland Security requires that these numbers be kept on file and reported to them annually.
- Occupation Tax licenses are approved and issued **based on location**. Existing licenses cannot be transferred from one location to another or from one entity to another. Each application must be approved by Planning and Zoning. Once the application is complete and all required items are secured, proceed to the Planning & Zoning Board located in City Hall, 204 West Church St, Fort Valley, GA 31030.
- Zoning related issues may be discussed regarding your business and applications are usually approved at this point, but occasionally zoning approvals require more time and an inspection of the

site may be required. Please allow 1 – 2 days for processing if necessary. Once zoning approval is secured, proceed to City Hall with application and required documentation.

GENERAL FEES

- License fees are based on annual GROSS receipts; however, for the first year, or portion thereof, anticipated gross receipts are projected into a range (a listing of ranges is included in this packet). For instance, if the business is opened in June, gross receipts from June to December of the current year are projected the first year.
- In addition to the license fee, there is an administrative fee of \$25 which is a part of each new and/or renewed license, each year.

ANNUAL RENEWALS

* Once the initial occupation tax license is received, renewals are automatically sent to the mailing address provided in January of each calendar year. Upon release of renewals, a 60-day window opens during which time businesses provide to this office their ACTUAL GROSS RECEIPTS as of December 31st of the previous year. That document can be mailed, faxed, or emailed back to this office and upon receipt, an invoice is provided to ensure prompt payment and receipt of your license.

- Upon processing your information, an invoice will be provided via email, US Mail or personally. You may indicate your preference for invoicing. Fees may be mailed via US Mail, in person or online. We do not accept phone payments. Methods of payment include MC or VISA, check or money order.

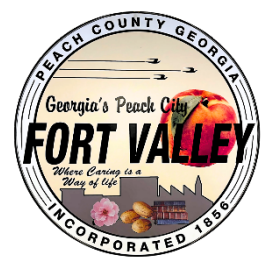
PEDDLER VENDORS

- Our Code describes Peddler Vendors *as those who have no permanent place of business within the corporate limits of the city, and who solicit, take orders, peddle or sell articles, goods or merchandise of any kind, regardless of whether such activity is done from house to house, temporary stand, automobile, truck or other mode of transportation.* Please contact this office so that we may discuss your specific requirements, based on your situation.

We do realize that the requisite red tape/paperwork which goes along with most any type of application or licensing process can be daunting. It is our job to make that task less stressful! Just call us or email us and we will be glad to help.

City of Fort Valley, City Hall, Heather Mathis, hmathis@fortvalleyga.org, 478 825-8261, PO Box 956 Fort Valley, GA 31030, 204 West Church Street, Fort Valley, GA 31030

FORT VALLEY OCCUPATION TAX FEE SCHEDULE GROSS RECEIPTS BRACKETED CLASSIFICATION SCHEDULE



RANGE BRACKETS			CLASS/RATE					
At Least	No More		1.	2.	3.	4.	5.	6.
A.	0	\$25,000	\$40	\$42.50	\$45	\$47.50	\$50	\$52.50
B.	\$25,001	\$50,000	\$50	\$55	\$60	\$65	\$70	\$75
C.	\$50,001	\$100,000	\$70	\$80	\$90	\$100	\$110	\$120
D.	\$100,001	\$250,000	\$130	\$155	\$180	\$205	\$230	\$255
E.	\$250,001	\$500,000	\$230	\$280	\$330	\$380	\$430	\$480
F.	\$500,001	\$1,000,000	\$430	\$530	\$630	\$730	\$830	\$930
G.	\$1,000,001	\$2,000,000	\$830	\$1,030	\$1,230	\$1,430	\$1,630	\$1,830
H.	\$2,000,001	\$5,000,000	\$2,030	\$2,630	\$3,030	\$3,530	\$4,030	\$4,530
I.	\$5,000,001	\$7,500,000	\$3,030	\$3,780	\$4,530	\$5,280	\$6,030	\$6,780
J.	\$7,500,001	\$10,000,000	\$4,030	\$5,030	\$6,030	\$7,030	\$8,030	\$9,030
K.	\$10,000,001	\$12,500,000	\$5,030	\$6,280	\$7,530	\$8,780	\$10,030	\$11,280
L.	\$12,500,001	\$15,000,000	\$6,030	\$7,530	\$9,030	\$10,530	\$12,030	\$13,530
M.	\$15,000,001	\$17,500,000	\$7,030	\$8,780	\$10,530	\$12,280	\$14,030	\$15,780
N.	\$17,500,001	\$20,000,000	\$8,030	\$10,030	\$12,030	\$14,030	\$16,030	\$18,030
O.	\$20,000,001	\$22,500,000	\$9,030	\$11,280	\$13,530	\$15,780	\$18,030	\$20,280
P.	\$22,500,001	\$25,000,000	\$10,030	\$12,530	\$15,030	\$17,530	\$20,030	\$22,530
Q.	\$25,000,001	\$27,500,000	\$11,030	\$13,780	\$16,530	\$19,280	\$22,030	\$24,780
R.	\$27,500,001	\$30,000,000	\$12,030	\$15,030	\$18,030	\$21,030	\$24,030	\$27,030
S.	\$30,000,001	And Over	0.040%	0.050%	0.1060%	0.070%	0.080	0.090%

* If Gross Receipts exceed \$30,000,001, multiply Rate times Gross Receipts for Business Tax Class. Round to nearest dollar. Maximum Tax is \$30,000.

PROFESSIONAL PRACTITIONERS:

Certain Practitioners of Professions may elect to pay a \$300 per practitioner fee in lieu of paying an occupation tax on gross receipts.

PENALTIES:

Every person(s), corporation or company engaging in a business taxed under this chapter who fails to apply for a license and pay the business and occupation tax by April 1st of any given year shall be assessed a penalty in the amount of 10% of the regular tax at the time of payment or \$50, whichever sum is greater.

Interest:

Interest at 1.5% for each month or partial month of delinquency shall also be included.

Financial Institution and Insurer Fees:

The minimum annual amount of business license tax for any Depository Financial Institutions shall be \$1,000. The annual amount of business license tax for any Insurer shall be \$75.

TAX RATES EFFECTIVE OCTOBER 1, 2024

APPLICATION

CITY OF FORT VALLEY OCCUPATION TAX LICENSE

PLEASE COMPLETE ALL FIELDS

NAME OF BUSINESS (Corporate Name and dba Trade Name, if applicable) BUSINESS PHONE

BUSINESS LOCATION (Physical location, City, State & Zip)

MAILING ADDRESS (If other than Business Location)

BUSINESS OWNER(S) (Include Names, Addresses & Telephones – other than business phone)

EMAIL ADDRESS

E-VERIFY NUMBER

PROPERTY OWNER (If other than Business Owner, include Name, Address & Telephone)

DESCRIBE IN DETAIL THE DOMINANT ACTIVITY OF THIS BUSINESS

STATE SALES TAX NUMBER TAX IDENTIFICATION NUMBER

\$ _____ TO \$ _____ (ESTIMATE FROM 1st DAY OF
OPERATION TO DECEMBER 31) CHOOSE AND ENTER RANGE THAT BEST ESTIMATES PROJECTED GROSS
RECEIPTS PROFESSIONALS SHOULD REFER TO INSTRUCTIONS CERTIFICATION: I, herewith, register and apply to
operate said business within the city limits of Fort Valley, Georgia, and I further certify that the information I
have provided in this application is true and correct, to the best of my knowledge. I further certify that I have
read and understand the accompanying instructions.

DATE

SIGNATURE OF APPLICANT

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

() PICTURE IDENTIFICATION
() SIGNED/DATED LEASE or
() PROOF OF OWNERSHIP
() CODE ENFORCEMENT APPROVAL
() OTHER _____
License # _____
Receipt # _____

Date Received in Office _____
Prepared by _____
Tax Code _____
Tax Class _____
SIC Code _____
Administrative Fee _____
License Fee \$ _____
TOTAL DUE \$ _____

CODE ENFORCEMENT APPROVAL: _____/_____/_____

Affidavit Verifying Status for City of Fort Valley Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Fort Valley, Georgia Business 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 the (check one)

_____ City of Fort Valley Business Occupation Tax Certificate

_____ Alcohol License

If person is applying on behalf of a business, specify the NAME AND ADDRESS of the business:

I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O.C.G.A § 50-36-1. Such documents are defined by O.C.G.A. § 50-36-2 and made available on the State Attorney General's website.

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 nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

If #2 is selected above, a copy of one of the following documents must be attached to the Affidavit:

- | | |
|--|---|
| 1. Unexpired foreign passport | 2. Naturalization Certificate |
| 3. Employment Authorization Card (I-766) | 4. Machine Readable Immigrant Visa (w/Temp I-551 lang) |
| 5. Refugee Travel Document (I-571) | 6. Temporary I-552 Stamp (on passport or I-94) |
| 7. Permanent Resident Card (I-551) | 8. I-94 (Arrival/Departure Record) in unexpired foreign passport |
| 9. Reentry Permit (I-327) | 10. Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) |
| 11. Certificate of Citizenship | 12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019) |

I am 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.

Company _____

Address _____

THIS FORM MUST BE NOTARIZED

Signature of Applicant Date

Printed Name

*

Alien Registration number for non-citizens

Sworn and Subscribed before me on this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. §5-36-1(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 below: _____

APPLICANTS AND RENEWALS FOR OCCUPATIONAL LICENSES AS OF DEC 31 (CURRENT YEAR)

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 license (*business license, occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A. § 36-606(d), from the City of Fort Valley, the undersigned applicant representing the private employer known as (*printed name of business/private employer*)

_____ verifies one of the following with respect to my application for the above-mentioned document:

→ Complete this section (effective as of Dec 31, current year. Check (A) or (B). Required.

(A) _____ On Dec 31st of the below signed year the individual, firm or corporation employed *more than ten (10) employees*.

(B) _____ On Dec 31st of the below signed year the individual, firm or corporation employed *fewer than ten (10) employees*.

COMPLETE THIS SECTION IF, AND ONLY IF, YOU CHECKED ITEM (A) ABOVE

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ Federal Work Authorization User Identification Number _____ Date of Authorization _____

ALL APPLICANTS MUST SIGN BELOW, HAVE NOTARIZED, AND RETURN WITH YOUR APPLICATION OR PAYMENT TO OBTAIN AN OCCUPATION TAX 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. §16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 20 _____ in _____ (city), _____ (state).

→ Signature of Authorized Officer or Agent _____

→ PRINT LOCAL BUSINESS NAME HERE: _____

Print Name or and Title of Authorized Officer or Agents _____

→ PRINT LOCAL BUSINESS ADDRESS HERE: _____

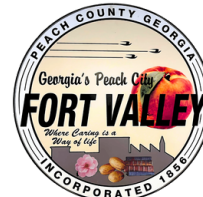
_____ SWORN TO AND SUBSCRIBED BEFORE ME ON THIS

_____ DAY OF _____, 20 _____

Notary Public

Commission Expires: _____

Chief DJ
Flores



Fort Valley Police Department

200 West Church Street
Fort Valley, Georgia 31030
Phone: (478) 825-3383

BUSINESS INFORMATION FORM

Name of Business: _____

Business Owner: _____

Primary Contact Information:

Address: _____ Phone: _____

Secondary Contact Information:

Address: _____ Phone: _____

Type of Business: _____

Maximum Capacity: _____ Business Hours: _____

Will alcohol be sold/consumed on property? ☐ YES ☐ NO

If leasing/renting, please list the owner of the building/property and contact information:

Name: _____

Address: _____ Phone: _____

APPROVALS
For Office Use Only - Do not Complete this Page

Date of Meeting:_____

Applicant Notified:_____

POLICE DEPARTMENT

Background check ☐ YES ☐ NO
☐ APPROVED ☐ DISAPPROVED

Date received by Business Office:_____

Chief, Police Department:_____

Date:_____

Comments:_____

FIRE DEPARTMENT

Building meets all City Fire Code provisions ☐ YES ☐ NO

☐ APPROVED ☐ DISAPPROVED

Chief, Fire Department_____ **Date:**_____

Comments:_____

ZONING AND BUILDING CLASSIFICATION

Current Zoning Classification of Location:_____ Proper Classification ☐ YES ☐ NO

Location meets municipal and state distance requirements? ☐ YES ☐ NO

☐ APPROVED ☐ DISAPPROVED

Zoning Compliance Officer_____ **Date:**_____

Comments:_____

Building and/or premises has been inspected and approved. ☐ YES ☐ NO ☐ N/A ☐ SEE COMMENTS

If applicable, copies of building plans have been submitted ☐ YES ☐ NO ☐ N/A ☐ SEE COMMENTS

☐ APPROVED ☐ DISAPPROVED

Building Official_____ **Date:**_____

Comments:_____

LICENSING OFFICIAL

Appropriate documentation, fees & approvals received for placement on Council's agenda. ☐ YES ☐ NO

Presented to Council on:_____ ☐ APPROVED ☐ DISAPPROVED

License #:_____ Receipt #:_____ Licensed printed ☐ YES ☐ NO Date:_____

State License Verification:_____ **Licensing Official:**_____

CITY ADMINISTRATOR

☐ APPROVED ☐ DISAPPROVED **City Administrator:** _____ **Date:**_____

Comments:_____