ALL ITEMS MUST BE CHECKED BEFORE INSPECTIONS WILL BE DONE!

Business Name:______________________________________

Business Owners Name:_______________________________

Phone Number:______________________________________

Address of Business:__________________________________

Check list for Inspections:

☐ **Shelves in place**	**Initials:**__________.
☐ **Furniture in place**	**Initials:**__________.
☐ **Fire extinguisher(s) in place**	**Initials:**__________.
☐ **ADA compliances are met**	**Initials:**__________.
☐ **Utilities turned on (electric, water, ect.)**	**Initials:**__________.
☐ **Fire exits clear**	**Initials:**__________.
☐ **Emergency exit lights (if required)**	**Initials:**__________.
☐ **Street Numbers on building**	**Initials:**__________.
☐ **Suite numbers on building**	**Initials:**__________.

Signature:__________________________________ **Date:**________________

Print Name:________________________________

This check list must be completed before Business License Inspections will be done. **Street numbers and suite numbers** must be a **minimum of 4-6 inches** in height. Shelves and furniture must be set up in the spot they will be in when the store opens (merchandise does not have to be on the shelves).

Questions regarding Fire Safety/Life Safety please contact Chief Alan Angell at 478-293-1026 or email at aangell@wrga.gov.

Questions regarding building inspections please contact Building Official Ken Thompson at 478-302-5510 or email at kthompson@wrga.gov.

Occupation Tax Application Information

APPLICATIONS ARE ACCEPTED BETWEEN THE HOURS OF 8:00AM – 4:00PM.

APPLICATIONS THAT DO NOT CONTAIN ALL OF THE REQUIRED DOCUMENTATION WILL NOT BE ACCEPTED.

THE FOLLOWING DOCUMENTS ARE REQUIRED ATTACHMENTS TO THE OCCUPATION TAX PERMIT APPLICATION:

- Copy of the lease or deed for the business address
- Copy of Secretary of State Registration along with a list of all officers for corporations
- Copy of State license for professions listed under Title 43 of O.C.G.A.
- S.A.V.E. affidavit (included in the application)
- E-Verify affidavit (included in the application)
- List of all subcontractors and independent agents including name, phone number, and address
- Evidence that all appropriate health permits, bonds, certificates of qualification, certificates of competency, or any other regulatory documentation if required by law

BUILDING INSPECTOR & FIRE MARSHAL MUST APPROVE ALL APPLICATIONS
(Inspections Tue & Thurs 9:00am-12:00 only, building must be open for Inspection). You will be contacted for an appointment by that office.

EACH SUBCONTRACTOR OR INDEPENDENT AGENT MUST FILL OUT AN OCCUPATION TAX RETURN.

ALL BUSINESS LICENSES ARE DUE AND PAYABLE WHEN THE BUSINESS IS COMMENCED

ANY NEW BUSINESS OPENING AFTER APRIL 1 OF THE CURRENT YEAR SHALL BE PRO-RATED QUARTERLY

ALL LICENSES EXPIRE DECEMBER 31 OF THE CURRENT YEAR ISSUED

ALL SIGNS MUST BE APPROVED BEFORE INSTALLATION

CITY OF WARNER ROBINS
OCCUPATION TAX APPLICATION
P.O. BOX 8629
WARNER ROBINS, GA. 31095
(478) 302-5593 / (478) 929-1133

This application is NOT for these types of businesses:
Alcohol, Bondsmen, Carnivals, Circuses, Pawnbrokers, Peddlers, Secondhand Dealers, Tattoo Parlors, Taxi Cabs, Tent Sales

Check One: New Application ____ Amended Application ____

Are you a public employee as defined under O.C.G.A. Sec. 50-18-72(a)(21)- this includes employees of the State of Georgia, any Georgia county, city or agencies and commissions; other political subdivisions; teachers in public, charter and nonpublic schools; and employees in certain early care and education programs? _________YES_________NO

Applicant____ Date_________
("Applicant" is the individual or corporation in which the license is to be issued)

Employee ID/Tax ID/SS# ______________________________ DOB ______________

Address ____ Phone _________________

City ___________________________________ State ____ Zip _________________

Name of Business ____

Business Address ______________________________________ Phone ____________

City ___________________________________ State ______ Zip ______________

Owner of Business ___________________________________ DOB_______________

Owner Address ____ Phone ____________

City ___________________________________ State ______ Zip ______________

Check One: Partnership ____ Corporation ____ LLC ____ Sole Owner ____

Corporation Address ____________________________________ Phone ____________

City ___________________________________ State ______ Zip ______________

Representative of Corporation ____

Local Manager ______________________________________ DOB_______________

Manager Address ______________________________________ Phone ____________

City ___________________________________ State ______ Zip ______________

Dominant Line of Business ____

IF EATING ESTABLISHMENT, DO YOU DERIVE AT LEAST 50 PERCENT OF YOUR TOTAL ANNUAL GROSS SALES FROM THE SALE OF PREPARED MEALS OR FOOD? **YES / NO**

Preferred Mailing Address ____
City ________________________________ State _____ Zip ____________
Preferred Email Address ____

Number of Employees ____

Average number of employees during the last 12 months of business at this location, including full-time equivalent employees, owner, and family members working in the business _____

OATH AND CONSENT STATEMENT

I declare, under penalty of perjury, that this information has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. I further acknowledge that any false information contained herein shall be grounds for rejection of the application or revocation of license.

__________________________ ______________________ __________
APPLICANT'S SIGNATURE TITLE DATE

Sworn to and subscribed before me
this _____ day of ____________________, 20___.

NOTARY____________________________

CITY OF WARNER ROBINS OFFICIAL USE ONLY

Lease/Deed ____
Health Permit____
State License ____

SAVE ___
E-VERIFY ___
S.O.S. Registration ____

Dept. of Ag. ____
(If required)

____
Building Official

____
Fire Department

____
Zoning Official

____
Date Issued

____
City Marshall

____
City Clerk

COMMENTS:
____
____
____
____
____
____

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(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. § 36-60-6(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[1].

*** 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 utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established 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 follows:

____

Name of Private Employer

____

Federal Work Authorization User Identification Number

____

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on ______, ___, 20 __ 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 THE ______ DAY OF ____________, 20 __.

____

NOTARY PUBLIC
My Commission Expires: ____________________

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) __________________ [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from ________________________ [*name of government entity*], 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 best 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 face criminal penalties as allowed by such criminal statute.

Executed in __________________ (city), _________________(state).

____
Signature of Applicant

____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF __________, 20____

____
NOTARY PUBLIC
My Commission Expires:

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued April 3, 2014 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA"), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- 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][1]

- 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]

[1] For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver's license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417.

- 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]

- 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]

- 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]

- 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[2] [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- 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]

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

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

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

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

- 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]

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[2] 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.

- 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]

- 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]

- 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]

- 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]

- 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]

- When applying for any public benefit with the Department of Driver Services, an applicant may submit either an expired or unexpired document that is listed above as a secure and verifiable document. [O.C.G.A. §§ 50-36-1(g) & 50-36-2(b)(3)]

- When applying for a voter identification card pursuant to O.C.G.A. § 21-2-417.1, an individual may submit the aggregate forms of identification authorized by O.C.G.A. § 21-2-417.1(e).

- 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)]