CITY OF GRANTVILLE GEORGIA
OCCUPATIONAL TAX CERTIFICATE APPLICATION

APPLICATION INFORMATION

Calendar year _____ Certificate number _____

NAICS code _____ Application date _____

Applicant status ☐ Disabled veteran ☐ Not for profit ☐ Neither

Proof of qualifying status must be included with the application.

BUSINESS INFORMATION

Business name _____ Business location _____

Business contact _____ Mailing contact _____

Business phone _____ Business mailing address _____

Business structure ☐ Partnership ☐ Sole owner ☐ Corporation ☐ Georgia LLC ☐ Other

Social Security number _____ Federal tax ID number _____

Adjusted gross receipts for prior year _____ Tax class _____ Tax rate per $1,000 _____

OWNER OR RESPONSIBLE PARTY INFORMATION

List contact information for each owner or responsible party.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

REQUIRED ATTACHMENTS

☐ Copy of driver's license ☐ Copy of Social Security card ☐ Other required documents

FINANCE DEPARTMENT USE ONLY

Date paid _____ Amount paid _____ Payment method _____

Check number _____ Processed by _____ Date processed _____

Prior owner paid in full ☐ Yes ☐ No Notes _____

CITY OF GRANTVILLE GEORGIA

BUSINESS CERTIFICATION AND DEPARTMENT APPROVALS

APPLICANT CERTIFICATION

Printed name _____ Title _____

Business name _____ Dominant business activity _____

In accordance with the business ordinances of the City of Grantville, Georgia, I certify that I am duly authorized by the business named above to file this application and any accompanying schedules. I certify that the information provided is true, correct, and complete. I hereby apply for an Occupational Tax Certificate to conduct the described business in the City of Grantville. I understand that all required departmental approvals must be obtained before the certificate is issued. By signing below, I swear that no false or fraudulent information has been provided to obtain this certificate.

Owner or applicant signature _____ Date _____

PROPERTY AND USE INFORMATION

Map or parcel number _____ Property owner or landlord _____

Complex name if applicable _____ Prior business activity _____

Prior use of building _____ Construction or renovation required ☐ Yes ☐ No

Home based business ☐ Yes ☐ No

DEPARTMENT APPROVALS

ZONING	BUILDING	FIRE MARSHAL
☐ Approved ☐ Denied ☐ N A	☐ Approved ☐ Denied ☐ N A	☐ Approved ☐ Denied ☐ N A
Date _____ Notes _____	Date _____ Notes _____	Date _____ Notes _____
Reviewed by _____	Reviewed by _____	Reviewed by _____

FINAL BUSINESS LICENSE REVIEW

☐ All approvals received ☐ Required documents received ☐ Fees paid

☐ Approved for Occupational Tax Certificate ☐ Denied Reviewed by _____

CITY OF GRANTVILLE GEORGIA

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Grantville, Georgia business license, Occupational Tax Certificate, alcohol license, taxi permit, or other public benefit referenced in O.C.G.A. § 50-36-1, I make the following statement with respect to my application.

Public benefit requested _____

Name of person applying on behalf of applicant _____

STATUS DECLARATION CHECK ONE

☐ 1 I am a United States citizen.

☐ 2 I am a legal permanent resident age 18 or older, or I am an otherwise qualified alien or non immigrant under the federal Immigration and Nationality Act, age 18 or older, and lawfully present in the United States.

Alien registration number or other identifying number _____

In making this representation under oath, I understand that a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit may be guilty of a violation of O.C.G.A. § 16-10-20.

APPLICANT AND NOTARY

Applicant signature _____ Date _____

Printed name _____

Subscribed and sworn before me on this _____ day of _____ 20_____.

Notary public _____ Commission expires _____

NOTICE

O.C.G.A. § 50-36-1(e)(2) requires aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, to provide an alien registration number. Legal permanent residents are included in the federal definition of alien and must provide their alien registration number. A qualified alien without an alien registration number may provide another identifying number.

CITY OF GRANTVILLE GEORGIA

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 from the City of Grantville, Georgia, the undersigned applicant representing the private employer identified below verifies the applicable statement.

Printed name of private employer _____

Printed name of business _____

EMPLOYEE COUNT COMPLETE THE APPLICABLE DATE SECTION

1 If the applicable date is on or before June 30 2013

☐ The employer had one hundred 100 or more employees as of January 1.

☐ The employer had fewer than one hundred 100 employees as of January 1.

2 If the applicable date is after July 1 2013

☐ The employer had more than ten 10 employees as of January 1.

☐ The employer had fewer than ten 10 employees as of January 1.

If option 1 a or 2 a applies complete the federal work authorization section below.

FEDERAL WORK AUTHORIZATION

The employer has registered with and uses the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a).

Federal work authorization user identification number _____

Date of authorization _____

CERTIFICATION

I understand that a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit may be guilty of a violation of O.C.G.A. § 16-10-20 and may face criminal penalties allowed by law.

Executed on this _____ day of _____ 20_____ in Grantville Georgia.

Authorized officer or agent signature _____

Printed name and title _____

NOTARY

Subscribed and sworn before me on this _____ day of _____ 20_____.

Notary public _____

Commission expires _____

CITY OF GRANTVILLE GEORGIA

COMMERCIAL CERTIFICATE OF OCCUPANCY INSPECTION

This form must be approved before an Occupational Tax Certificate is issued for a commercial location.

PROPERTY AND BUSINESS INFORMATION

Business name _____ Application number _____

Business address

_____

_____

Owner or applicant _____ Phone _____

Proposed business use _____ Prior use _____

Occupancy classification _____ Approved occupant load _____

Square footage of property

_____

INSPECTION AND APPROVAL

Inspection date _____ Reinspection date _____ ☐ N A

Inspection result ☐ Approved ☐ Denied ☐ Corrections required ☐ Reinspection required

Certificate of Occupancy issued ☐ Yes ☐ No Certificate number _____ Date _____

FEES	Certificate of Occupancy $300.00	Reinspection $50.00

CORRECTIONS CONDITIONS OR COMMENTS

_____

_____

_____

_____

_____

INSPECTOR AUTHORIZATION

Inspector name and title _____ Department _____

Inspector signature _____ Approval date _____

Approval is limited to the business use and conditions shown above. A change in use or occupancy may require a new review.