



Tax Commissioner's Office
188 Third Street, Macon, Georgia 31201
Mail to: Tax Commissioner's Office PO Box 4503
Macon, GA 31208-4503

- Complete the Occupation Tax Return Application
- Please ensure the following is submitted with your application:
 - ☐ Zoning Compliance Form - (478) 241-2554; *(Additional Fee May Be Required)*
 - ☐ Evidence of a Fire Inspection - Home Occupations are the exception to this rule unless there will be customers and/or employees coming into the home. (478) 751-2700
 - ☐ Evidence of a Food Service Inspection by the Georgia Department of Public Health, if preparing food - Office: (478) 749-0121
 - ☐ Evidence of a Food Sales Inspection by the Georgia Department of Agriculture, if there is prepackaged retail food - Office: (404) 656-3627
 - ☐ Emergency Contact information for After Hours Form – This is required unless you are operating out of a personal residence and there are no customers or employees on the premises
 - ☐ E-Verify and Private Employer Affidavit
 - ☐ Coin-Operated Amusement Machines (Class B Machines) Form
 - ☐ S.A.V.E. Affidavit
 - ☐ Secure and Verifiable Document
- Please ensure that your documents have been notarized where required.
- If you are operating as a day care, please submit your Bright from the Start Certificate.
- Certain occupations & practitioners have the option of paying \$400 per practitioner lieu of paying a per employee rate and administrative fee.
- If you are a practitioner and are required to hold a professional license to operate your business, please submit a copy of a CURRENT online verification obtained from the website of your licensing body. A copy of your license is not sufficient.
- If you are a non-profit entity, you are exempted from need a business license. If you need documentation to present to another agency, such as DCH, please contact our office. If you have previously held a license as a non-profit, we will issue a letter rather than the business license.
- Per the Macon-Bibb County Health Department, please be advised that the following require operational permits (inspections and approval) **prior to opening** and also require periodic inspections as mandated:
 - ☐ All restaurants and other food service facilities
 - ☐ Any temporary food event UNLESS it is organized by a govern body or non-profit organization. If the non-profit food event lasts longer than 110 hours, a permit is required by the Health Department Environmental Health Section
 - ☐ All motels/hotels/RV parks and other tourist accommodation facilities
 - ☐ Any facility that allows tattooing, body piercing, or permanent cosmetic application; and
 - ☐ All public swimming pools, spas and water parks



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PLEASE PRINT OR TYPE

OCCUPATIONAL TAX CERTIFICATE APPLICATION

Federal Tax ID #: _____ GA Sales Tax ID #: _____ SIC Code: _____	Are you Exempt from E-Verify? YES NO *E-Verify Number: _____ This number must be 4-7 digits long and cannot include letters or characters. Is This A Home-Based Business: YES NO
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CIRCLE ONE: ☐ **NEW** ☐ **CHANGE OF ADDRESS** ☐ **AMMENDED**

SECTION 1: BUSINESS INFORMATION

Type of Business: _____

Business Name: _____ **INC/LLC Name:** _____

Local Business Address: _____
(P.O. Box Not Allowed) **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____

Local Business Phone #: (____) _____ **Email Address:** _____

Contact Person: _____ **Contact Phone #:** (____) _____

SECTION 2: BUSINESS OWNER INFORMATION

Ownership Status: ☐ **Sole Proprietor** ☐ **Partnership** ☐ **LLC** ☐ **INC** ☐ **Non-Profits are Exempt**

Name of Business Owner: _____ **Owner's Phone #:** (____) _____

SECTION 3: LICENSE FEE CALCULATION

During the Months from July – December, occupational taxes are 50% of the calculated fee plus \$50.00 for the Admin Fee.

Number of Employees _____ X \$39.00 + \$65.00 = \$ _____
(Per Employee Rate) (Admin Fee) (Total Amount Due)

OR

Only Professional Practitioners May Elect to Pay a Flat Rate of \$400 PER PRACTITIONER

During the Months from July – December, occupational taxes are 50% of the calculated fee.

Number of Practitioners _____ X \$400.00 = \$ _____
(Per Practitioner Fee) (Total Amount Due)

CERTIFICATION

I, the undersigned, do hereby register to operate said business within Macon-Bibb County in accordance with the Macon-Bibb County business ordinance. I certify that I am the person duly authorized by the business herein named to file this return, including the accompanying affidavit(s). In addition, I certify that all information provided is true and correct and that I have paid the correct fees owed by the named business to Macon-Bibb County.

Applicant's Signature: _____ **Date:** _____

Applicant's Printed Name: _____ **Applicant's Job Title:** _____



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All businesses within Macon-Bibb County must obtain an **Occupational Tax Certificate**, commonly known as a Business License. Each person who is engaged in any business, trade, profession, or occupation in Macon-Bibb County shall pay an occupation tax for said business, trade, profession, or occupation. This certificate shall be displayed in a conspicuous location in the place of business.

1. All businesses must have a Zoning Compliance form issued by the Macon-Bibb County Planning and Zoning Commission. Attach the Zoning Compliance to this application. Planning and Zoning is located at:	
Macon Mall 3661 Eisenhower Pkwy Suite MB104 Macon, GA 31206	Monday through Thursday: 8:00 am - 5:00 pm Friday: 8:00 am - 4:00 pm
2. All businesses must have a Fire Inspection . You can arrange an appointment with an Inspector by calling (478) 751- 2700. Home Occupations are the exception to this rule unless there will be customers and/or employees coming into the home. Monday through Friday Hours: 8:30 a.m. until 5:30 p.m. The Fire Prevention Bureau has inspected the business location and hereby approves the building for use. Inspector's Printed Name: _____ Inspector's Signature: _____ Date of Inspection: _____	
3. All establishments that are preparing food must have a Food Service Inspection conducted by the Georgia Department of Public Health, North Central Health District. You can arrange an appointment with an Inspector by calling (478) 749-0121. The Department of Health has inspected the business location and hereby approves the establishment. Inspector's Printed Name: _____ Inspector's Signature: _____ Date of Inspection: _____	
4. All establishments with pre-packaged retail food and/or various household supplies must have a Food Sales Inspection conducted by the Georgia Department of Agriculture, Consumer Protection Division. You can arrange an appointment with an Inspector by calling (404) 656-3627. Attach your Georgia Department of Agriculture Inspection Report to this application.	

I hereby certify the above information to be true and correct. I read and understand the application procedure. I also understand that I will not open my business until it is registered, and occupation tax paid for this location.

Business Name: _____ Applicant's Signature: _____

Business Address: _____ City/State/Zip: _____



**Macon-Bibb County Fire Department
Fire Prevention Office**

EMERGENCY CONTACT INFORMATION FOR AFTER HOURS

THIS FORM MUST BE FILLED OUT COMPLETELY AND GIVEN TO THE FIRE INSPECTOR

Date: _____

NOTE: EMERGENCY CONTACT MUST BE A BUSINESS KEY HOLDER

Business Name: _____

Business Address: _____

Building #: _____ Suite #: _____

Business Phone #: (____) _____

Building Name / Complex: _____

Name: Building Owner / Rental: _____

Agent: Building Owner Address: _____

Building Owner Phone #: (____) _____

Maintenance Personnel Phone #: (____) _____

Emergency Contact: _____ Phone #: (____) _____

Emergency Contact: _____ Phone #: (____) _____

This information is required to assist Emergency Management Services with locating a contact person and/or key holder after hours. Please update this information as it changes by contacting the Macon-Bibb County Fire Department Fire Prevention Office at (478) 751-2700.

E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies one of the following with respect to its application for an occupational tax certificate, alcohol license, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

SECTION 1 (Choose **ONE** of the following options)

- ☐ On January 01 of the below signed year, the individual, firm, or corporation employed ten (10) or less employees. (Proceed to Section 3)
- ☐ On January 01 of the below signed year, the individual, firm, or corporation employed more than ten (10) employees and has registered with the E-Verify program. (Proceed to Section 2)

SECTION 2

The employer has registered with and utilizes the Federal Work Authorization program commonly known as E-Verify, 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 E-Verify number and date of authorization are as follows:

E-Verify Number: _____

This number must be 4-7 digits long and cannot include letters or characters.

Date of Authorization: _____

SECTION 3

I hereby declare under penalty of perjury that the foregoing is true and correct.

Business Name: _____

Printed Name of Authorized Officer or Agent: _____

Title of Authorized Officer or Agent: _____

*Signature of Authorized Officer or Agent: _____

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20 _____.

Notary Public

My Commission Expires:



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COIN OPERATED AMUSEMENT MACHINES (CLASS B MACHINES)

Per Division 22, Sec. 7-510 "A location owner or location operator subject to O.C.G.A. § 50-27-84(c) is hereby required to provide a copy of the monthly verified report required by such code section to the commission. Such report shall indicate the monthly gross retail receipts for each business location located in Macon-Bibb County and shall be due by the 21st day of each month, subsequent to the month in which the sales have taken place."

Business Name: _____

Business Address: _____

Owner's Name: _____

☐

This business location will have Coin Operated Amusement Machines.

- OR -

☐

This business location will not have Coin Operated Amusement Machines.

Signature of Applicant: _____

Printed Name: _____ Date: _____

MACON-BIBB COUNTY, GEORGIA
(S.A.V.E.) SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS
O.C.G.A. § 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a Macon-Bibb County, Georgia, Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1; the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the attached list.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

Please check only one option above and submit the required documents with your application.
Please note that the failure to do so will result in a processing delay.

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.

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.

Business Name: _____

Printed Name of Applicant: _____

*Signature of Applicant: _____

SUBSCRIBED AND SWORN BEFORE ME ON

THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

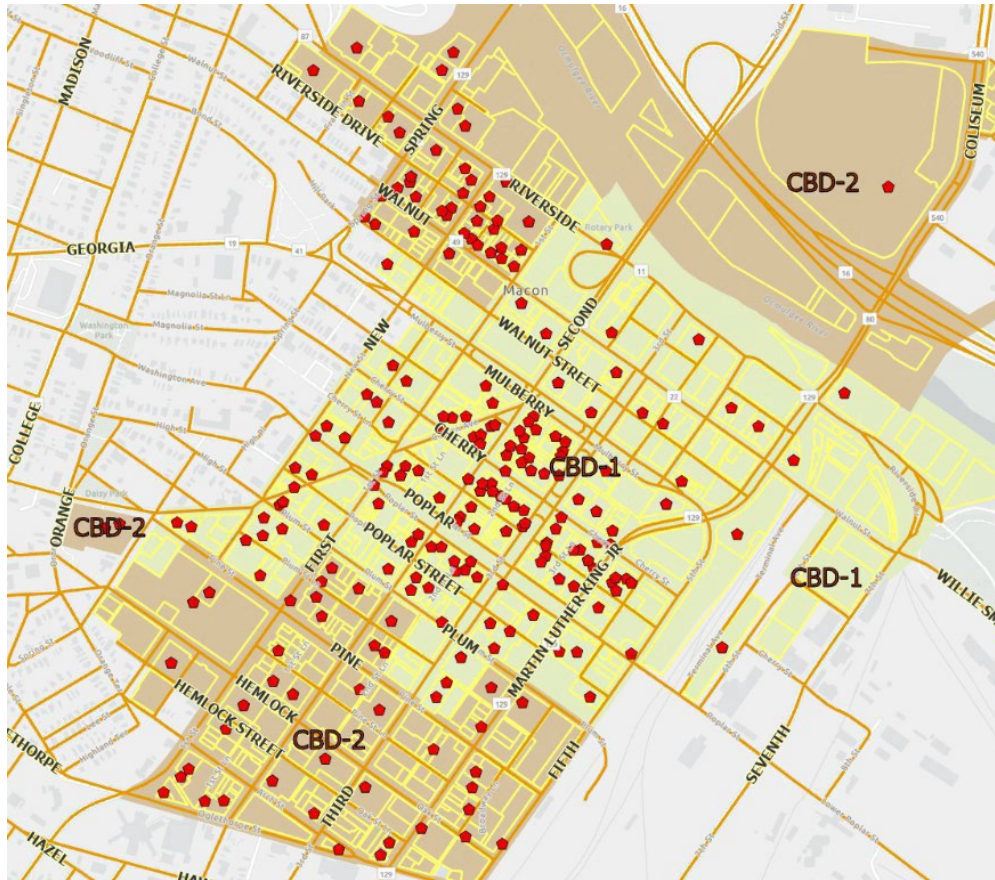
MY COMMISSION EXPIRES

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 Issued February 20, 2018, 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]
- 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 accessed at: <https://www.bia.gov/tribal-leaders-directory> [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 [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]
- 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]
- 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)]

Solid Waste Collection and Disposal Plan



Is your business located within Commercial Business District 1 or 2? YES _____ NO _____

If yes, do you have a contract for solid waste management with one of the four approved vendors? YES _____ NO _____

If yes, which of the following vendors do you use?

- _____ Advanced Disposal Service Macon, LLC
- _____ AmWaste of Georgia, LLC
- _____ Ryland Environmental, Inc.
- _____ Waste Industries, LLC (Green for Life/GFL)
- _____ Liberty Disposal Inc

If renting, does your lease agreement include solid waste management? YES _____ NO _____

Who is the property owner from which you are leasing? _____



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478-621-6500

Optional Survey Questions

Please check in the space provided.

Sex:

- ☐ Male
☐ Female
☐ Prefer not to say

Race:

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino or Spanish Origin of any race
☐ Native Hawaiian or Other Specific Islander
☐ White
☐ Two or more races
☐ Prefer not to say

Veteran:

- ☐ Yes ☐ Disabled
☐ No
☐ Prefer not to say

Certification:

- ☐ Minority Business Enterprise Certification
☐ Disadvantaged Business Enterprise Certification
☐ Women Business Enterprise Certification
☐ None of the above