CITY OF WARRENTON
OCCUPATIONAL TAX APPLICATION

ORIGINAL APPLICATION MUST BE APPROVED BEFORE COMMENDING OPERATIONS.

Remit to: City of Warrenton
29 Academy Street
P. O. Box 109
Warrenton, GA 30828
(706)465-3282

****

Business Corporate & "Doing Business As" Name _____

Business Mailing Address _____

Business Location Address _____

Is Business Located in Your Home? Yes _____ No _____

Federal Tax I.D. No. or Social Security No. _____

Telephone No: Home _____ Office _____
Mobile _____ Fax _____

Name, Title & Address of Owners or Officers _____

Contact Person & Address _____

Fully describe type of business: _____

State License No. (If Applicable) _____
State Sales Tax No. (If Applicable) _____

Type of Business: General _____ Professional _____

Number of Employees: Full Time _____ Part Time _____

Type of Ownership: Sole Owner _____ Corporation _____ Partnership_____
LLC _____

State and Date of Corporation _____

Signature _____

Title _____ Date _____

****

Approval by Zoning Department Yes _____ No _____

Signature _____

Affidavit Verifying Status
for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Warrenton, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 a City of Warrenton, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

_____.
(Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity).

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

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: Date

_____ _____

Printed Name:

_____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____DAY OF _____. 20__

* _____
Alien Registration number for non-citizens

Notary Public
My Commission Expires:

*Note: O.C.G.A. § 50-36-1(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:

_____

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

By executing this affidavit under oath, as an applicant for a(n) _____ (*business license, occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A § 36-60-6(d), from _____ (*name of county or municipal corporation*), the undersigned applicant representing the private employer known as _____ (*printed name of private employer*) verifies one of the following with respect to my application for the above mentioned document:

1. **Fill out this section if the current date is on or before June 30, 2013.**
   (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
   (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.
   If the employer selected 1(a) please fill out Section 3 below.

2. **Fill out this section if the current date is after July 1, 2013.**
   (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
   (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.
   If the employer selected 2 (a) please fill out Section 3 below.

3. **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

In making the above representation under oath, I understand that any person who knowingly and willingly 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 statue.

Executed on the _____date of _____, 20___in _____ (city), _____(state)

_____
Signature of Authorized Officer or Agent

_____
Printed Name of and Title of Authorized Officer or Agent

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

_____
NOTARY PUBLIC
My Commission Expires:

_____