CITY OF Albany GEORGIA

OCCUPATIONAL TAX CERTIFICATE
INFORMATION SHEET

REGISTERED BUSINESSES

Registered Businesses are businesses that home office is located in another county within the State of Georgia. The taxes are being paid to that county and the Occupational Tax Certificate or business license are issued by them. A current copy of the Occupation Tax Certificate (OTC) /Business License from the county in which taxes are paid is required to register in the City of Albany/Dougherty County.

1. Businesses with a license from another state will be required to get an Occupational Tax Certificate from the City of Albany.

2. Corporations wishing to do business in Georgia must obtain certification as a corporation operating in Georgia from the Secretary of State. A copy of the corporation paperwork will be required.

3. A Copy of the individual driver's license is required of the person applying for the Occupational Tax Certificate on behalf of the business or corporation.

4. Applicants that are regulated by the State of Georgia must obtain a license from the Georgia Secretary of State. They must submit a copy of the state license or permit with the OTC application. This includes, but is not limited to the following: Electricians, Refrigeration, Heating/Cooling, Auto Dealers, Plumbers, Alarm Contractors, Barbers/Beauticians, etc. (See the GA Secretary of State website, www.sos.ga.gov., for a complete list.)

5. Your Occupational Tax Certificate is valid for only one year (calendar year). The Occupational Tax Certificate expires on December 31st of each year, regardless of the date purchased.

6. The Occupational Tax Certificate must be renewed no later than March 15th for the current year. All businesses that have ceased operation shall submit a notarized letter to the Treasury Office stating that the business has been closed.

7. If there is a change in the business, such as ownership, company name, federal identification number, location or mailing address, please notify us immediately. If the changes are made after the renewal deadline of March 15th, additional fees will be assessed.

8. Contractors: Copy of current Certificate of Insurance depicting liability insurance coverage of at least $100,000.00 and the City of Albany as certificate holder. To ensure that a current copy of your insurance is on file with our office submit the current one during the renewal period.

Thank you for doing business in the City of Albany and Doughrety County. If you have any questions contact the Treasury Division at 240 Pive Avenue, Suite 150, Albany, Georgia 31701. Office number 229-431-2118, Fax 229-432-8160

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

CITY OF ALBANY, TREASURER DIVISION,
240 PINE AVENUE, SUITE 150
ALBANY, GEORGIA 31702-0447
(229)431-2118

ZONE:	WARD:	PLANNING/ZONING APPROVAL	DATE:
COMMENTS:			

CHECK ONE: ☐ NEW BUSINESS ☐ MODIFY EXISTING CERTIFICATE

DATE OF APPPLICATION: _____/_____/___

☐ NAME ☐ ADDRESS ☐ OTHER

1. CHECK ONE: ☐ ALBANY ☐ DOUGHERTY COUNTY

CHECK ONE: ☐ EXISTING BUILDING ☐ NEW BUILDING ☐ REMODEL/RENOVATE ☐ USE OF LAND WITHOUT BUILDING

CHECK ONE: ☐ PARTNERSHIP ☐ SOLE OWNER ☐ CORPORATION ☐ REGISTERED BUSINESS ☐ HOME OCCUPATION ☐ NON PROFIT

TAX EXEMPT: ☐ YES ☐ NO

2. BUSINESS NAME	BUSINESS LOCATION (DO NOT USE P.O. BOX)	CITY, STATE	ZIP CODE / PHONE NUMBER
NEW NAME **(NAME CHANGE ONLY)**	NEW ADDRESS **(ADDRESS CHANGE ONLY)**	CITY, STATE	ZIP CODE
3. CORPORATION NAME **(IF DIFFERENT THAN BUSINESS NAME) (DOCUMENTATION REQUIRED)**	MAILING ADDRESS, STREET OR P.O. BOX	CITY, STATE	ZIP CODE

4. SALES TAX NUMBER: (IF REQUIRED)	STATE LICENSE NUMBER: (IF REQUIRED)	FEDERAL TAX NUMBER **(REQUIRED INFORMATION)**:	E-VERIFY NUMBER

5. WILL YOUR BUSINESS BE ENGAGED IN THE PROVISION OF ANY ADULT ENTERTAINMENT OR SERVICE TO INCLUDE, BUT NOT LIMITED TO, PARTIALLY CLAD DRESS, TOPLESS OR NUDE ENTERTAINMENT?

☐ **YES** OR ☐ **NO** IF YES, PLEASE EXPLAIN:_____

6. WILL YOUR BUSINESS SELL ANY ADLUT NOVELTIES OR ANY ITEMS THAT WOULD NOT BE APPROPRIATE TO INDIVIDUALS UNDER THE AGE OF THE MAJORITY?

☐ **YES** OR ☐ **NO** IF YES, PLEASE EXPLAIN:_____

7. BUSINESS OWNER OR OFFICER:	HOME ADDRESS OR P.O. BOX		PHONE NUMBER
TITLE **(IF APPLICABLE)**	CITY	STATE	ZIP CODE
CO-OWNER OR OFFICER:	HOME ADDRESS OR P.O. BOX		PHONE NUMBER
TITE **(IF APPLICABLE)**	CITY	STATE	ZIP CODE
CO-OWNER OR OFFICER:	HOME ADDRESS OR P.O. BOX		PHONE NUMBER
TITLE **(IF APPLICABLE)**	CITY	STATE	ZIP CODE

8. BUSINESS TYPE:	NO. OF EMPLOYEES	GROSS RECEIPTS	***EMAIL ADDRESS**

A FALSE STATEMENT ON ANY PART OF MY OCCUPATIONAL TAX APPLICATION MAY BE GROUNDS FOR REVOKING OR SUSPENDING THE CERTIFICATE AFTER IT HAS BEEN ISSUED.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

APPLICANTS SIGNATURE:_____ DATE:_____

FOR OFFICE USE ONLY

FIRE MARSHAL APPROVAL:	INSPECTION DATE:	CERTIFICATE OF OCCUPANCY ISSUED DATE:
LICENSE INSPECTOR:	INSPECTION TIME:	APPLICATION CHECKED BY:
APPLICATION RECEIVED BY:	DATE APPLICATION RECEIVED:	DATE APPLICATION CHECKED:

COMMENTS:_____

Affidavit Verifying Status

For City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Albany, Dougherty County, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract, or other public benefit as referenced in 8 U.S.C. Section 1621 and O.C.G.A. Section 50-36-2, I am aware that the City of Albany and Dougherty County will rely on the statements contained herein. With respect to my application for a City of Albany, Dougherty County, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit for, I swear or affirm

_____

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

_____

Name of business, corporation, partnership, or other private entity.

_____

E-Verify User Number

Check one of the following two options.

1) ☐ I am a united States citizen.

OR

2) ☐ I am a legal permanent resident, eighteen (18) years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationally Act eighteen (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:

_____

*_____

Alien Registration Number for Non-Citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS
_____ DAY OF _____20____.

_____

NOTARY PUBLIC
My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1 (e) (2) requires that aliens under the Federal Immigration and Nationally Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definitions 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: _____

Private Employer Affidavit
Pursant 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 in the City of Albany/Dougherty County 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*. Please fill out Section 2 and 3.

(B) On January 1st of the below-signed year, the individual, firm, or corporation employed less than ten (10) or fewer employees. Please skip Section 2 and complete Section 3.

Section 2

The employer has registered with and utlizes 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 use identification number and date of authorization are as follows:

_____
Name of Private Employer (Business Name)

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

Section 3

I hereby declare under penalty of prejury that the foregoing is true and correct.
Executed on _____,_____ 20_____ in _____(city), _____(state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name/Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS DAY _____20____.

_____
NOTARY PUBLIC
My Commission Expires: _____

*To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.