

**PLEASE COMPLETE ALL FORMS AND RETURN WITH PAYMENT**

## **CITY OF CAIRO**

**119 North Broad Street - P. O. Box 29 - Cairo, Georgia 39828**  
**Phone (229) 377-1722 Fax (229) 378-3015**

### **OCCUPATIONAL TAX APPLICATION AND INVOICE - NEW BUSINESS**

Name of Applicant: \_\_\_\_\_

D/B/A or Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**PHYSICAL LOCATION (ADDRESS) OF BUSINESS:** \_\_\_\_\_

**LOCATED WITHIN CITY LIMITS:** \_\_\_\_ YES \_\_\_\_ NO

**OWNER(S) OF BUSINESS:** \_\_\_\_\_ **OWNER'S PHONE NO.** \_\_\_\_\_

**FEDERAL I.D. NUMBER:** \_\_\_\_\_, **OR, LAST 4 DIGITS OF SOCIAL SECURITY #** \_\_\_\_\_

**GA. SALES TAX NUMBER:** \_\_\_\_\_ **REQUIRED BY STATE OF GEORGIA FOR SALES**

**TYPE OF BUSINESS:** (List your dominant business activity which generates the largest portion of gross income for your business)

\_\_\_\_\_

**(If business consists of the sale of grocery food items, provide copy of Dept. of Agriculture Inspection Certificate.)**

**NUMBER OF EMPLOYEES AT EACH LOCATION ON JANUARY 1 OF THIS YEAR:**        **(required)**

“Employee” means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal, or state income tax from such individual’s compensation or whose employer issues to such individual for purposes of documenting compensation a form IRS W-2, but not a form IRS 1099. Employee shall be a person employed on a full-time basis as of January 1 of the year that the occupation tax is to be paid. For purposes of this ordinance, full-time basis shall be considered to be an employee who works 40 hours or more weekly. For employees who work less than 40 hours weekly, the average weekly hours of all such employees shall be added, and the sum shall be divided by 40 to produce full-time employee position equivalents. Following division, any remaining partial sum exceeding 35 hours shall be considered a full-time position.

An individual who performs work under the direction and supervision of one business or practitioner in accordance with the terms of a contract or agreement with another business which recruits such individual is an employee of the business or practitioner which issues to such individual for purposes of documenting compensation a form I.R.S. W-2.

**If business commences after July 1 of this year, the fee will be \$50.00 for first year. For the second and subsequent years, the fee is based on the schedule below:**

| EMPLOYEES: | TAX:     |                                         |
|------------|----------|-----------------------------------------|
| 0-2        | \$ 75.00 | (includes a \$25.00 Administrative Fee) |
| 3-5        | 100.00   | “ “                                     |
| 6-10       | 125.00   | “ “                                     |
| 11-15      | 175.00   | “ “                                     |
| 16 & over  | 200.00   | “ “                                     |

**SIGNATURE:** \_\_\_\_\_, 20\_\_\_\_  
Applicant(s) or Owner(s) Date

**BUSINESS PHONE NO.:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_

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**SAVE FORM**

**Affidavit Verifying Status For  
City of Cairo Public Benefit Application  
(Required by State of Georgia)**

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

- 1.) \_\_\_\_\_ I am a United States citizen. **OR**
- 2.) \_\_\_\_\_ I am a legal permanent resident of the United States. **OR**
- 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:

\_\_\_\_\_. (Attach copy of front and back of card and/or Unexpired Foreign Passport).

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. (U.S. Passport or Passport Card; U.S. military ID card; driver's license or identification card issued by U.S., Dist. Of Columbia, Commonwealth of Puerto Rico, Guam, Commonwealth of Northern Marianas Islands, U.S. Virgin Island, American Samoa, or Swaim 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; 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; U.S. Permanent Resident Card or Alien Registration Card; an Employment Authorization Document that contains a photograph of the bearer; a passport issued by a foreign government; a Merchant Mariner Document or Credential issued by the U.S. Coast Guard; a Free and Secure Trade (FAST) card; a NEXUS card; a SENTRI card, a Canadian driver's license, or a Certificate of Citizenship or Certificate of Naturalization issued by the U.S.)

The secure and verifiable document(s) provided with this affidavit can best be classified as:

\_\_\_\_\_. (List document presented).

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.

Subscribed and sworn  
before me on this the \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Printed Name of Applicant:

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\_\_\_\_\_  
Name of Business Represented

\*Note: O.C.G.A. 50-36-1(E)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 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.

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**Private Employer Affidavit (E-Verify) Pursuant to O.C.G.A. § 36-60-6(d)**  
**(Required by State of Georgia)**

By executing this affidavit under oath, as an applicant 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), from the City of Cairo, 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:**

- (a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.  
**OR**  
(b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) employees or less.

***If the employer selected 1(a), please fill out Section 2 below. If the employer selected 1(b), please fill out Section 3.***

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**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(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 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 allowed by such statute.

\_\_\_\_\_  
Signature of Private Employer

\_\_\_\_\_  
Printed Name of Private Employer

**Or**

\_\_\_\_\_  
Signature of Authorized Officer or Agent  
SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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**3. Private Employer Exemption Affidavit (E-Verify) Pursuant to O.C.G.A. § 36-60-6(d). (For use if 1b is checked on Question 1.**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) employees or less and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

**Or**

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_