684 Franklin Springs Street, Royston GA 30662
706.245.7232

Occupational Tax Certificate Application

This return is due by January 1st of each year, and delinquent March 1st of each year.
Licenses expire on December 31st of each year.

Business Name: _____ DBA Name: _____

Address/Location: _____ Phone: _____

City: _____ State: _____ Zip: _____

Application For: ____ NEW ____ RENEWAL ____ CLOSED

Name of Owner or Agent Name: _____

Name of Contact Person: _____ Phone: _____

Email: _____

Bill To / Mailing Address: _____

City: _____ State: _____ Zip: _____

Number of employees employed by business (including you): _____

Business Description: _____

Federal Tax ID# _____

Occupational Tax Rates:

Number of Employees:	Tax Amount:
0-5 employees	$50.00
6-10 employees	$80.00
11-25 employees	$175.00
25-50 employees	$300.00
51-100 employees	$500.00
Over 100 employees	$700.00

Enter your tax amount below:

Tax Amount based on Number of employees (see left): $ _____

Plus: Administrative Fee + 30.00

TOTAL DUE $ _____

I certify that the information given on this return is true and correct, to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

O. C. G. A. § 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for alcohol license from the City of Royston, Georgia, the undersigned applicant verifies one of the following with respect to the application for public benefit:

1) _____ I am a United States citizen.
(Must include copy of either current State Driver's License, Passport, or Military ID)

2) _____ I am a legal permanent resident of the United States.
(Must include a copy of current State Driver's License and either a copy of Permanent Resident Card or Employment Authorization Card).

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.
(Must include a copy of current State Driver's License and either a copy of Permanent Resident Card or Employment Authorization Card.)

My alien number issued by the Department of Homeland Security or other Federal Immigration

Agency is: _____.

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.

The secure and verifiable document provided with this affidavit can be classified as: _____.

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 violation of O. C. G. A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

_____ _____
Signature of Applicant Date

SUBSCRIBED AND SWORN
BEFORE ME ON THIS _____ DAY
OF _____ 20____.

_____
Notary Public / Seal

_____
My Commission Expires:

E-VERIFY AFFIDAVIT

(Pursuant 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 license, permit, or other document required to operate a business in O.C.G.A. 36-60-6(d):

Check one:

☐ a. On January 1, of the previous year, the individual, firm, or corporation employed more than then (10) employees.

☐ b. On January 1, of the previous year, the individual, firm, or corporation employed ten (10) or fewer employees.

The employer has registered with and utilizes the federal work authorization program in accordance with the application provisions and deadlines established in O.C.G.A. 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization is as follows:

_____

Name of Private Employer

_____ _____

Federal Work Authorization User Id No Date of Authorization

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

_____

Signature of Authorized Officer or Agent

_____

Print Name of and Title of Authorized Officer, or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS _____ DAY
OF _____ 20____.

_____
Notary Public / Seal

_____
My Commission Expires: