CITY OF FOLKSTON

Application for Business/ Occupational Tax Certificate

Date_____

Business Legal Name: _____

Proprietorship___ Partnership___ Corporation___

DBA Name: _____

Business Address: _____

Mailing Address: _____

Business Owner: _____

Business Owner Address: _____

Business Owner Phone: _____

Property Owner's Name: _____ Phone: _____

Sales and Use Tax ID Number: _____ E-Verify #: _____

FEIN #: _____ OR SS #: _____

Description of primary business activity: _____

_____

Number of full-time employees: _____ Number of part time employees: _____

Is this a home-based occupation: ____ YES ___ NO Have you registered your trade name? ___ YES ___NO

Are you a Non-Profit Organization? ___ YES ___ NO If yes please provide proof of 501c-3 status

Is this business required to have a state license? ___ YES ___ NO If yes please provide license

Have you previously had a license with the City of Folkston? ___ YES ___ NO

If yes what was the name of the business? _____

Tax rate is determined by number of employees for each business

Peddler's license is $100 per day.

- I acknowledge and agree that I am required to notify the City of Folkston in change of ownership, address, type of business, going out of business or change of business.
- Due to City of Folkston procedures, the information contained in applications will be electronically verified. A Business/Occupational license will not be issued until the City verifies that all information provided by the application is valid and true.
- Business/Occupation Tax Certificate will be denied if an applicant owes any delinquent debt on any properties or any delinquent taxes within the city limits and/or utility service areas.
- A picture ID (drivers license or state issued) of the person whose signature is affixed below is required.

Signature: _____ Date: _____

========== OFFICE USE ONLY==========

Account Number: _____ GRP CODE: _____ SIC CODE: _____

Amount Due $: _____ License Year: _____

Zoning Verified for permitted use	[ ]	Business Personal Property Taxes	[ ]
Copy of Picture ID	[ ]	Property Taxes	[ ]
Copy of State License	[ ]	Copy of Health Dep. Permit	[ ]
Ga. Sales Tax Certificate	[ ]	Affidavit Verifying Lawful Presence	[ ]
Private Employer Affidavit	[ ]	Completed W9 Form	[ ]

Approved [ ] Denied [ ]

By: _____ Date: _____

Notes: _____

_____

CITY OF FOLKSTON

Private Employer Affidavit of Compliance

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 occupational tax certificate 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.

*** *If you select Section 1(A), Please fill out Section 2 and then execute below.*

B. ___ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

*** *If you select Section 1(B), please skip Section 2 and execute below.*

Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____

Name of Private Employer

_____

E-Verify number (Federal Work Authorization User Identification Number)

_____

Date of Authorization

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

Executed on the ___ day of _____ , 20 ____ in _____ (city), _____ (State)

SUBSCRIBED AND SWORN BEFORE ME

ON THE ____ DAY OF _____ 20 _____.

_____
Signature of Authorized Agent

_____

Notary Public

_____

Printed Name and Title of Authorized Officer or Agent

My Commission Expires:

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

CITY OF FOLKSTON

Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____swear or affirm under penalty or perjury that (check one):

- o I am a United States Citizen

  Or

- o I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act, 18 years or age or older, and lawfully present in the United States

  Alien Registration Number: _____

  _____

I am applying for the following public benefit (check one):

- o Alcoholic Beverage License for _____

  Print Business Name

- o Occupational Tax Certificate for _____

  Print Business Name

- o Peddler's License/ Solicitors Permit
- o Taxi Permit
- o Other: _____ _____

  Public Benefit Name of Business

_____

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of violation of Code Section 16-10-20 of the Official Code of Georgia.

Subscribed and sworn before me

This ___ day of _____, 20 _____

_____ Applicant Signature

Notary Public _____

My Commission expires: _____ Date: