McDuffie County

Please read this form in its entirety- Process for business license takes two weeks and can take longer in some circumstances.

Fill out sections:

Section A: Please fill out clearly so we can make out your handwriting for your business, this is very important.

Section B-1 through B-3. If you are not the owner of the property of the business, you must provide a signed and dated written letter from the property owner or the leasing agent stating that they are aware of your business and what type of business that you are operating out of that location. Please attach letter to packet before turning in your application.

Section C: Please check Yes or No for each question.

Section D: Only if you have a professional license in either of the listed fields pertaining to your business that you are applying for.

Section E: List number of employees including the owner of the business

Section F: Initial all acknowledgements then sign and date.

Section G: For office use Only

Affidavit section: **Pages 6 & 7 STOP**- Only fill out in front of a legal notary public. Please print your business name in box.

Criminal History section: Please fill out and sign and date, **I will submit it for you.**

Business Registry Form: Fill out page in its entirety so 911 Dispatch can have your information in case of an emergency. **I will submit it for you**.

Then turn it into the licensing department located on the 2nd floor of the administration building.

You will be contacted for pick up of the license and payment is due at that time.

Note If you own the property of the business, the property taxes must be paid first, and if you have a certificate of occupancy being done on the business. that will need to be paid as well, before you receive a business license.

If you have any questions, please feel free to contact 706-597-7285.

Have a great day,

Thomson & Dearing McDuffie County, Georgia
PLANNING COMMISSION

210 Railroad Street
Suite 1544
Thomson, Georgia 30824

Thomson-McDuffie County, Georgia
MCDUFFIE COUNTY PLANNING COMMISSION
210 RAILROAD STREET, SUITE 1544, THOMSON, GA 30824
706-597-7285
PLANNING@THOMSON-MCDUFFIE.GOV

Occupational Tax Certificate (A/K/A Business License) Application

Notes: The term Occupational Tax Certificate and Business License shall have the same meaning.

Date: _____ License Number #: _____
*For Office Use Only.

***For Office Use Only: COUNTY:** ☐ **CITY:** ☐

A COPY OF DRIVER LICENSE FRONT & BACK MUST BE ATTACHED TO APPLICATION.
PLEASE PRINT CLEARLY
(IF APPLICATION IS NOT LEGIBLE, YOUR PAPERWORK WILL NOT BE PROCESSED.)

Section A: Business Information

Business Name: _____ DBA _____

Business Email Address: _____

Business Description: _____
*You are required to list in detail all services and product types rendered.

Business Location: [ ] Commercial/Business Lot [ ] In/At Home [ ] Mobile/Door-To-Door
*Check only one

Parcel ID Number: _____ **(For Office Use Only)**

Business Address: _____
Street City Zip

Mailing Address: _____
*If different from "Street Address" above. If same, indicate "same".

Business Phone Number: _____

Ga. Sales Tax Number (For Retail Sales Only): _____

Employer Identification Number (EIN): _____

E-Verify Number: _____

Section B-1:

Business Owner's Name: _____

Owner's (Home) Address: _____
City State Zip

Owner's Mailing Address: _____
City State Zip

Owner's Personal Email Address: _____

Owner's Phone Number: _____

Business Manager's Name: _____

Section B-2:

Notes: If same as "business owner" information above - indicate "Same As B-1."

Applicant is: [ ] Owner [ ] Manager [ ] Employee [ ] Other: _____
***Check only one.**

Applicant's Name: _____
***Only one Name.** (First) (Middle Initial) (Last)

Applicant's Home Address: _____
City State Zip

Personal Email Address: _____

Applicant's Home Phone Number: _____ Mobile No. _____

Section B-3:

THIS SECTION MUST BE COMPLETED:

Property Owner's Name: _____

Property Owner's (Home) Address: _____
City State Zip

Property Owner's Mailing Address: _____
City State Zip

Property Owner's Personal Email Address: _____

Property Owner's Phone Number: _____

Section C:

Do you have more than one office or business location in Thomson-McDuffie County? [ ] Yes [ ] No

Have business licenses been issued for any of those locations? [ ] Yes [ ] No

Section D:

Professions Requiring State Certification (OCGA Title 43- -)
"X" Any and all that apply to your profession, or to the type of business being conducted.
employees. [OCGA 48-13-10(g)]. If State Certification is required you MUST bring in copy of certificate.

[ ]*Accountant 3-6	[ ] Driving Instructor/School 13-6	[ ] Massage Therapist 36-30-6	[ ] Psychologist 39-6
[ ]*Architect 4-11	[ ] DUI School 13-6	[ ] Motor Vehicle Racetrack 25-2	[ ] Real Estate Appraiser 39A-7
[ ] Athlete Agent 4A-4.1	[ ] Elect, Plumbing, HVAC 14-8	[ ] Nurse 26-7	[ ] Real Estate Broker/Sales 39A-7
[ ] Athletic Trainer 5-7	[ ]*Engineer 15-9	[ ] Nursing Home Administrator 27-6	[ ] Registered Nurses
[ ]*Attorney	[ ]*Family Therapist 10A-7	[ ] Occupational Therapist 28-8	[ ] Res. and Gen. Contractors
[ ] Auctioneer 6-9	[ ] Firearms Dealer 16-2	[ ]*Optometrist/Optician 29-7	[ ] Security Agencies 38
[ ] Audiologist 44-7	[ ] Foresters	[ ] Pest Control 45-9	[ ]*Social Worker 10A-7
[ ] Barber 7-11	[ ]*Funeral Dir./Embalming 18-40	[ ] Pharmacy	[ ] Speech Pathologist 44-7
[ ] Building Contractor	[ ] Geologist 19-10	[ ]*Physical Therapist 33-11	[ ] Used Motor Vehicle/Parts Dealer
[ ]*Chiropractor 9-7	[ ] Hearing Aid Dealer 20-7	[ ]*Physicians 34+	[ ]*Veterinarian 50-30
[ ] Cosmetologist 10-8	[ ]*Landscape Architect 23-5	[ ] Podiatrist 35	[ ] Water/Waste Water Treatment 51

[ ] Counselor (Professional) 10A-7	[ ]*Land Surveyor 15-12	[ ] Practical Nurse 26-7	[ ] Scrap Metal Dealers
[ ]*Dentist 11-40/Dental Hygienist 11-70	[ ] Librarians 24	[ ] Private Detective 38-6	
[ ] Dietician 11A-8	[ ]*Marriage Therapist 10A-7	[ ] Professional Counselor 10A-7	

Section E:

Occupational Tax (Business License) Fee

Notes: Occupational tax fees in McDuffie County are based on the greatest number of full-time and part-time employees that worked for the business the previous calendar year. Part-time employees are converted to equivalent full-time employees by adding the working hours of all part-time employees for the calendar year, then dividing the hours by 2,080 to determine the number of equivalent annual full-time employees. If you are a new business, your fee will be based on an estimate of greatest number of employees during the opening year.

Fee Declaration: (Check Only One).

Section E-1

Enter below the greatest number of full-time and part-time employees in your business at anytime during the past year, or, if a new business, the highest anticipated number of employees you will have this year. Please include all owner(s) in the full-time employees count.

[ ] Owner(s) & Declared Number of Employees: Full –Time _____ Part –Time _____

[ ] Professional flat fee of $275 for each professional at the business.

If you "X" one of the professions in Section D which has an asterisk "*" you, as the "professional", are permitted to choose either of the business license fee schedules: Declared Number of Employees or Professional Flat Fee.

Section F:

Acknowledgements

(Initial Below)

_____ I acknowledge that business licenses are business type specific. Example - If a clothing store closes, and reopens as a jewelry store (at the same location), a new business license must be obtained.

_____ I acknowledge that business licenses are site/location specific. Example - If the business moves from one location to another, you must obtain a new license.

_____ I acknowledge that, to the best of my knowledge, the business complies with all McDuffie County requirements including, but not limited to, any health permits, bonds, certificates, licensing, zoning approvals, and the like; and that failure to obtain, maintain, and comply with any of the above may result in the revocation of the business license.

_____ In order to safeguard property, employees, and the general public, upon prior notice by county or state officials, the structure housing the business may be inspected for compliance with any or all applicable codes and ordinances, and that any violations will be corrected prior to issuance of a business license.

_____ I acknowledge that the business will cooperate with McDuffie County in all matters for the purpose of obtaining a business license.

As an authorized representative of the business I hereby warrant that I fully understand the information requested and/or stated above, and that the information submitted herein is true and factual to the best of my knowledge. I further understand that giving false information on this application or to any county representative or designee shall constitute grounds for revocation of the business license.

Signature: _____ Date: _____

Section G:

For Office Use Only:

[ ] Planning/Zoning Department: Yes ___ No ___ Signature: _____
Planning & Zoning

[ ] Fire Inspection: Yes ___ No ___ Signature: _____
Fire Inspector

[ ] McDuffie County Health Department: Yes ___ No ___ Signature: _____
Health Department (706-595-1740)

[ ] All Property Taxes Paid: Yes ___ No ___ Signature: _____
Tax Commission

[ ] Commercial Building Inspection: Yes ___ No ___ Signature: _____
Building Inspector

[ ] McDuffie County Sheriff's Department: Yes ___ No ___ Signature: _____
Sheriff's Department

[ ] Thomson's Police Department: Yes ___No____ Signature: _____
Police Department

Affidavit
Citizenship/Immigration Status
[Pursuant to Georgia state law O.C.G.A. § 50-36-1(e)(2)]

By executing this affidavit under oath, as an applicant for a business license (a/k/a Occupational Tax Certificate) from McDuffie County, Georgia, the undersigned applicant confirms one of the following with respect to his/her application for a business license:

Check (√) only one:
As the business owner:

1.) _____ I am a United States citizen.

2.) _____ I am a legal permanent resident of the United States.

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: _____.
The undersigned applicant also hereby confirms that he or she is 18 years of age or older and has provided with this affidavit a secure and verifiable document as proof of his/her citizenship status, as required by O.C.G.A. § 50-36-1(e)(1).

The document provided indicating citizenship status is the following: **Check Only One:**

[ ] Driver's License [ ] U.S. Passport [ ] Military I.D. [ ] "Green Card"

[ ] Other: _____

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 shall be subject to criminal penalties as allowed by such criminal statute.

Executed on this the _____ day of _____, 20_____,

in _____ (city), _____ (state).

_____
Signature of Applicant

_____
Printed Name of Applicant

Business Name

SUBSCRIBED AND SWORN BEFORE ME, THIS:

THE _____ DAY OF _____, 20_____

_____
NOTARY PUBLIC
My Commission Expires: _____

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

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 less than five hundred (500) employees and therefore, 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 deadline established in O.C.G.A. § 13-1090.

Please Check Only One:

Section 1.

(A) _____ On January 1 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 & 3 and have it notarized.**

(B) _____ On January 1 of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employee.

*****If you select Section 1, (B), please fill out Section 3 and have it notarized.**

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

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

Section 3.

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

Executed on _____, _____ 20 _____ in

(city) _____, (state) _____.

_____
Signature of Authorized Officer or Agent

_____

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Thomson Police Department to conduct an inquiry for
Agency/Company
the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

_____ _____ _____
Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES		
☐	**E**	Employment
☐	**M**	Employment direct care with Mentally Ill/Developmentally Disabled
☐	**N**	Employment direct care with Elderly
☐	**W**	Employment direct care with Children
☐	**P**	Public Record (no consent required)
☐	**F**	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
☐	**U**	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
☐	**J**	Civilian Criminal Justice Employment (state and III data received)
☐	**Z**	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

☐	No criminal history available
☐	Criminal history available (attached/released)
☐	No NCIC/GCIC Warrant
☐	Possible NCIC/GCIC Warrant (list Wanting agency below)
☐	Wanting Agency Name: Thomson Police Department
☐	Wanting Agency Telephone: 706.595.2166

_____
Agency Designee Signature and Title

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize McDuffie County Sheriff Department to conduct an inquiry for
Agency/Company

the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

_____ _____ _____
Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

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	E	Employment
	M	Employment direct care with Mentally Ill/Developmentally Disabled
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	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
	J	Civilian Criminal Justice Employment (state and III data received)
	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

Agency Designee Signature and Title

McDuffie County Communications Center

Business Registry Form

The McDuffie County Communications Center is updating its business registry database. This information will be used to contact you in case of an emergency. Anytime the information below changes, you should notify the Communications Center immediately by calling 706-595-2145.

Name of Business: _____

Business Street Address: _____

City, State, Zip: _____

Business Phone # (for public use): _____

Private Phone # (for emergencies – not for public): _____

Owner of Business: _____

Owner's Phone #: _____

Owner's Home Address: _____

City, State, Zip: _____

After Hours Emergency Contact List (will be contacted in order listed)

1. Name: _____ Cellphone #: _____
2. Name: _____ Cellphone #: _____
3. Name: _____ Cellphone #: _____
4. Name: _____ Cellphone #: _____

Please complete form and mail or fax to:

Katrina Dent, Communications Director
McDuffie County Communications Center
751 Public Safety Dr
Thomson, GA 30824
Fax # 706-595-2130

Received By: _____ Date: _____