A Complete Occupational Tax (Business License) Renewal Package Consists of:

NOTE: The Renewal and both Affidavits set out below must all be signed by the same person, and submitted with a copy of the Signer's Secure and Verifiable Documents (examples below).

☐ Affidavit – O.C.G.A § 50-36-1(e)(2) – Check only one blank; if a permanent resident or qualified alien or non-immigrant, provide a copy of the front and back of a Signer's immigration card or other document. Have the affidavit notarized prior to signing.

☐ Affidavit – Private Employer Affidavit Pursuant to O.C.G.A § 36-60-6(d). Complete the form by filling in the blanks, and have affidavit notarized prior to signing.

☐ Copy of Signer's Secure and Verifiable Documents (SVD), i.e. driver's license or passport and copy of I-551, I-766, passport, etc., if not a U.S. citizen.

☐ Renewal Application Form (completely filled out and signed by an owner, officer, partner, or W-2 employee; stating the number of employees COMPANY-WIDE)

☐ Check payable to the City of Porterdale. Please put the Occupation Tax Certificate/Business License number on the check

Your Occupation Tax Certificate (Business License) will not be issued until all the items have been received.

You can drop off your complete application with us at the Porterdale City Hall, 2800 Main Street, Porterdale, GA 30014; mail the complete application to: City of Porterdale, P.O. Box 667, Porterdale, GA 30070; or email to cityclerk@cityofporterdale.com

We will mail your Occupational Tax Certificate (Business License) to you within 30 days of receipt of the complete renewal packet.

O.C.G.A § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) **Occupational Tax Permit** (aka Business License), as reference in O.C.G.A. § 50-36-1, from **City of Porterdale**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

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

Execute in _____ (city), _____ (state)

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20___

_____
NOTARY PUBLIC
My Commission Expires: _____

Private Employer 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 a business license, occupational tax certificate or other document required to operate a business as references 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[1].

*** 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 (10) or fewer employees.

*** If you select Section 1(B), please skit 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(d). The undersigned private employers 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

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

_____
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn Before Me
On this the _____ day of _____, 20 ___

_____
Notary Public
My commission expires: _____

[1] 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.

City of Porterdale
Occupational Permit & Business License
Application for Registration

Business License Number:

Business Name: _____

Business Address: _____

_____

Phone: _____ Email: _____

I, _____, hereby apply to the City of Porterdale to renew the Occupational Permit/Business license for the business listed above.

There are _____ (#) employee(s) (including owners) at this company location. I have detailed any changes from the information above in the space provided below my signature. I hereby attest that I either own the structure at the business address or have written permission from the property owner to operate the business there. I also attest that any additional required state or city permits, licenses or certificates have been obtained and/or updated in accordance with the applicable acts of law and have attached copies hereto.

_____ _____ _____
Applicant's Signature Title Date

Please list any changes here. Please note change of address or name change may require additional info. Call our office at 770-786-2217.

_____

_____

****IF YOU OPERATE A STATE REGULATED BUSINESS OR YOUR PROFESSION IS STATE REGULATED, YOU MUST ATTACH A COPY OF YOUR STATE LICENSE OR YOUR BUSINESS LICENSE WILL NOT BE ISSUED****

Print state license # _____ Expiration Date: _____

IMPORTANT: If the business is no longer in operation, check the box below & send this form back to our office.

☐ Business is no longer in operation. Please initial _____.

Review Tax Schedule on the Next Sheet

OCCUPATION TAX SCHEDULE	
NUMBER OF EMPLOYEES	**TAX LIABILITY**
1-4	$100.00
5	$120.00
6	$140.00
7	$160.00
8	$180.00
9	$200.00
10	$220.00
11	$240.00
12	$260.00
13	$280.00
14	$300.00
15	$320.00
16	$340.00
17	$360.00
18	$380.00
19	$400.00
20	$420.00
21 – 75	$420.00 plus $15.00 for each employee over 20
76 – 175+	$1245.00 plus $13.00 for each employee over 76

Your total fee with include a $25 administrative fee plus the tax fee in the previous schedule.

Example: A business has 21 employees; $25 admin fee plus the occupation tax of $435.00 = $460

Example: A business has 52 employees; $25 admin fee plus the occupation tax of $420 + ($15 x 32) = $925

Example: A business has 77 employees; $25 admin fee plus the occupation tax of $1,245 + $13 = $1,283