

CITY OF CHICKAMAUGA
CHICKAMAUGA, GEORGIA 30707
"Historic Chickamauga"

TELEPHONE 706-375-3177

OCCUPATIONAL TAX APPLICATION

Date: _____

Name of Business: _____

Name of Owner of Business: _____

Mailing Address of Business: _____

Physical Address of Business: _____

Business Telephone No.: _____

Type of Business: (The business activity that generates the majority of business income.)

Number of Employees _____

Total Occupational Tax \$ _____

The License fee is as follows:

0 - 5	Employees \$100.00 + \$25.00 Admin Fee	51 - 100	Employees \$300.00 + \$25.00 Admin Fee
6 - 25	Employees \$150.00 + \$25.00 Admin Fee	101 - & up	Employees \$500.00 + \$25.00 Admin Fee
26 - 50	Employees \$200.00 + \$25.00 Admin Fee	*(See Calculation Information on Back)	

GEORGIA LAW REQUIRES THAT THIS INFORMATION WILL BE CONFIDENTIAL

In accord with the Business Occupation Tax Ordinance, City of Chickamauga, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including any accompanying schedules and statements and that the same are true, correct and complete. I understand any misrepresentation or fraudulent statement is ground for automatic dismissal of this application and/or revocation of the license.

Name (please print) _____ Title _____

Signature of Owner _____ Date _____

OFFICE USE ONLY

Location Zoned As _____ Owner Permission Attached (if required) _____

Is Business Type Permitted Within The Zoning Classification? NO _____ YES _____

Is Business Going To Be Conducted Within The Home? _____

Application Approved By _____ Date _____

Occupational Tax: \$ _____ Receipt # _____ Date _____ By: _____

City of Chickamauga
P.O. Box 69, 103 Crittenden Ave., Chickamauga, GA 30707
Phone 706-375-3177

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*(Calculation Information For Number of Employees)

The occupation tax is levied based on the number of employees of the business or practitioner as computed on a full-time basis or a full-time position equivalent basis, provided that for the purposes of this computation an employee who works 40 hours or more weekly shall be considered a full-time employee and that the average weekly hours of employees who work less than 40 hours weekly shall be added and such sum shall be divided by 40 to produce full-time position equivalents.

Said registration and occupation tax shall be due and payable January 15 of each year and shall be delinquent if not paid by April 15 of each year. In the event the tax imposed is not paid in full on or before April 15, then the person liable for the tax due shall be subject to and shall pay a penalty of ten (10%) percent of the tax due. In addition to the penalty, the person liable for the tax shall pay accrued interest on the delinquent tax at the rate of 1.5 percent per month from the delinquent date.

Disclosure Statement

Any person who performs any business, occupation or profession subject to an occupation tax or regulatory fee under O.C.G.A. § 48-13-1 *et seq.* is required to provide the City of Chickamauga the following information when paying such occupation tax or regulatory fee:

- (a) The legal name of the business;
- (b) Any associated trade names for the business;
- (c) The mailing address for the business;
- (d) The actual physical address of each location of the business, if it is different than the mailing address;
- (e) The North American Industry Classification System Code (NAICS) applicable to such business; and
- (f) The sales and use tax identification number assigned to the business by the Georgia Department of Revenue, if the business is required by law to have such a number.

This information will be provided to the Georgia Department of Revenue; and
If the person refuses or fails to provide the required information, the City of Chickamauga will notify the Georgia Department of Revenue of this fact.

Within thirty (30) days after receiving the payment of occupation taxes or regulatory fees under O.C.G.A. § 48-13-20, the City of Chickamauga will electronically submit the information received from each business to the Georgia Department of Revenue.

Signature of Person Issuing Application

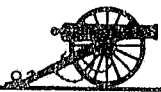
Date

Zoning Administrator

Date

Codes Enforcement

Date



TELEPHONE 706-376-3177

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Chickamauga, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Chickamauga, Georgia Business License or Occupational Tax Certificate, Alcohol License or other public benefit (circle one) for:

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____

I am a United States citizen.

OR

2) _____

I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____

Date: _____

Printed Name: _____

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

Notary Public: _____ My Commission Expires: _____

Alien Registration Number for Non-Citizens: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 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. Qualified aliens that do not have an alien registration number may supply another identifying number below:

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 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) employees¹.

*** 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

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 _____, _____, 202____ 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 _____, 202____.

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.