CITY OF CEDARTOWN

201 East Avenue Cedartown, GA 30125
Phone: (770) 748-3220

OCCUPATIONAL TAX APPLICATION

Email to cwester@cedartowngeorgia.gov

APPLICATION MUST BE COMPLETELY FILLED OUT AND ALL DOCUMENTS RETURNED BEFORE APPLICATION IS SUBMITTED FOR APPROVAL

Date: _____ License No. _____ NAICS #: _____ Date Received _____

Legal Name of Business: _____

Any Associated Trade Names: _____

Business Location: _____
Street Address City State Zip Code

Mailing Address: _____
Street Address City State Zip Code

Local Business Telephone #: (_____) _____-_____ E-Mail: _____

Business Owner: _____

Owner's Address: _____
Street Address City State Zip Code

Owner's Telephone #: (_____) _____-_____ E-Mail: _____

Description of Business: _____
Example, Building Contractor, Retail, Professional, Beauty Shop, Hotel, Manufacturing, Etc.

*For Restaurant/Deli Use ONLY (**copy of food service permit required)*

( ) Preparing AND Serving Food **	**( ) Serving Food Only-- NOT Preparing**

Please Provide One of the Following:

Federal I.D.:	**SSN:**

Please include any/all employees in which a W-2 is issued. Do not include owners/partners to the business. All 1099 employees are *required* to have an Occupational Tax Certificate if you do not claim them as an employee.

Number of Employees

Full Time (40 hours per week) _____	**Part Time (Less than 40 Hours) _____**

Total Employees _____

OCCUPATIONAL TAX APPLICATION

(CONTINUED)

Please review the following, and sign below:

Within 24 hours of opening & periodically; the City of Cedartown may inspect premises to ensure compliance with public safety regulation, local, state, and federal laws. Failure to comply with regulations may result in revocation of business license. It is unlawful to conduct a business within the City of Cedartown without a business license.

I certify the information contained herein, to the best of my knowledge, is true & correct. I also certify that I have received copies of rules & regulations and I understand there may be other city ordinances, State & or Federal laws that may apply.

I have also attached a copy of the following required documents:

- ✓ **Legal US Identification**
- ✓ **Proof of Property Ownership/Lease/Rental Agreement/Owner Authorization if not owned or on lease**
- ✓ **If state regulated, proof of license/State of GA Certificate of Registration**
- ✓ **Food Service Permit from Health Department, if applicable**
- ✓ **Home Based Occupational Form, if applicable**
- ✓ **Coin Operated Amusement Machine registration forms, if applicable**

_____ _____

Signature of Applicant ***Date***

Occupational License is due on or before February 1 of each year. A 1.5% monthly interest fee and a one-time 10% penalty is charged if received after February 1.

Completed By -- Office Use Only

Date **Completed By**

Zoning Verification -- Office Use Only

Zoning Classification **Signature of Building Inspector**

CITY OF CEDARTOWN, GEORGIA

ON-SITE MANAGER / LOCAL BUSINESS REPRESENTATIVE FORM

BUSINESS INFORMATION

Business Name: _____

Will there be an on-site manager other than the owner of the business? ☐ Yes ☐ No

If YES, please complete the On-Site Manager Information below.

ON-SITE MANAGER INFORMATION

Full Legal Name: _____

Job Title / Position: _____

Home / Mailing Address: _____

City: _____ State: _____ ZIP: _____

Primary Telephone: _____ Alternate: _____

Email Address: _____

Management Start Date: _____

Regularly present at this business location? ☐ Yes ☐ No

Authorized to act for the business on City licensing/compliance matters? ☐ Yes ☐ No

Authorized to receive official City notices for this business? ☐ Yes ☐ No

ON-SITE MANAGER ACKNOWLEDGMENT

I acknowledge that I have been designated as the on-site manager/local representative for the business identified above and certify that the information provided is true and correct to the best of my knowledge.

On-Site Manager Signature: _____ Date: _____

BUSINESS OWNER / AUTHORIZED REPRESENTATIVE

Name: _____

Title: _____

Telephone: _____ Email: _____

I certify that the individual identified above is the on-site manager or local representative for this business. I understand that the City of Cedartown must be notified if the on-site manager changes.

Owner/Authorized Representative Signature: _____ Date: _____

FOR CITY USE ONLY

Date Received: _____ Received By: _____ License No.: _____

☐ New Application ☐ Renewal ☐ Change of Manager

Notes: _____

_____

State of Georgia

Department of Revenue

1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION
CITY OF CEDARTOWN, GEORGIA

MUST BE COMPLETED & NOTARIZED

By Executing This Affidavit Under Oath, As An Applicant For A City of Cedartown Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or Other Public Benefit 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 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.

2a) Date of Birth: _____/_____/_____

2b) _____
*Alien Registration Number For Non-Citizens

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 Section16-10-20 Of The Official Code Of Georgia.

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

_____
****Please submit a copy of the secure and verifiable document along with application****

_____
Signature of Applicant

_____
Printed Name

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

_____
Notary Public
My Commission Expires: _____

***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)
CITY OF CEDARTOWN, GEORGIA

MUST BE COMPLETED & NOTARIZED

CHECK ONLY ONE:

☐ By Executing This Affidavit, The Undersigned Private Employer Verifies Its **Compliance** With O.C.G.A. § 36-60-6, Stating Affirmatively That The Individual, Firm Or Corporation Has **Registered With And Utilizes The Federal Work Authorization Program Commonly Known As E-Verify**, Or Any Subsequent Replacement Program, In Accordance With The Applicable Provisions And Deadlines Established In O.C.G.A. § 36-60-6. Furthermore, The Undersigned Private Employer Hereby Attests That Its Federal Work Authorization User Identification Number And Date Of Authorization Are As Follows:

_____
Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

_____
Date of Authorization

_____
Signature of Authorized Agent

_____
Printed Name and Title of Authorized Officer or Agent

☐ 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 Ten (10) Or Fewer Employees And 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 Deadlines Established In O.C.G.A. § 36-60-6.

_____
Signature of Exempt Private Employer

_____
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the forgoing is true and correct. Executed on _____, 20_____ in _____ (city),_____(state).

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____DAY OF_____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires: _____

HOME BASED OCCUPATIONAL FORM

*NAME OF BUSINESS*_____

1) This property is zoned residential.
2) There are to be no clients, employees, sales, meetings, deliveries or any other commercial activity that is beyond the customary traffic or activity for a residential dwelling.
3) Outside storage of inventory is not allowed
4) Only one commercial vehicle not to exceed manufacturers towing and/or carrying capacity rating of less than one and one-half tons, used exclusively by the resident/occupant may be parked at the residence.
5) There shall be no exterior evidence of the home occupation, including but not limited to, unpermitted signage.
6) No article, product, or service used or sold in connection with such activity shall occur or exist on property.
7) No mechanical equipment shall be used for such occupation except such equipment as is customary for household and hobby purposes.
8) Such use shall be conducted entirely within the dwelling unit and only occupants of the dwelling unit shall be employed in such occupation.
9) No more than 25 percent of the dwelling unit may be used for the operation
10) No materials, equipment, or business vehicles may be stored, or parked on the premises except one business vehicle used exclusively by the resident.
11) The limited home occupation shall not create a nuisance per code sec 94-446 (7).

Detailed Description of Services and type of Business activities to be conducted at the location:

_____

_____

_____

Homeowner ( ) **Renter ( ) **Letter from Property owner needed.

I understand that this is a residential location and agree to abide by the restrictions of a home occupation business.

Signature of Business Owner: _____ Date: _____