

Occupational Tax (Business License) Application

All items below must be completed before this application can be processed.

Application Type: New Relocation Name Change

BUSINESS INFORMATION

Trade Name of Business: _____

Location of Business: _____ Phone: _____

Type of Business: _____

Business Owner: _____ Phone: _____

Address: _____

Property Owner: _____ Phone: _____

Address: _____

Federal Employer ID #: _____ Georgia Sales Tax #: _____

REFERENCES (LIST THREE, WITH ADDRESSES AND TELEPHONE NUMBERS)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

IMPORTANT: The applicant must schedule a site inspection upon returning this application. Applications cannot be processed until all inspections are completed and any noted violations corrected. Inspections are completed between 9:00 a.m. and 3:00 p.m. on Mondays and Thursdays only.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Inspection Dept.: Approved Disapproved Pending

By: _____ Date: _____

Comments: _____

Fire Dept.: Approved Disapproved Pending

By: _____ Date: _____

Comments: _____

Tax Classification: _____ Tax Rate: _____ SIC/NAICS Code: _____

EMERGENCY CONTACT INFORMATION

The information below enables emergency personnel to contact the person(s) listed should your business be damaged or entered. Please provide a home and mobile number where possible.

Business Name: _____

Address: _____

Phone Number(s): _____

Primary Emergency Contact: _____

Home Address: _____

Phone Number(s): _____

Additional Emergency Contact: _____

Home Address: _____

Phone Number(s): _____

Additional Emergency Contact: _____

Home Address: _____

Phone Number(s): _____

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT (O.C.G.A. § 50-36-1(E)(2))

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate (business license), a public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Waycross, Georgia, the undersigned applicant verifies one of the following with respect to this 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.

Alien / admission number (if applicable): _____

The undersigned applicant also 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. 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 this affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20.

Secure & verifiable document provided: _____

Executed in (City): _____ **(State):** _____

Signature of Applicant: _____ **Date:** _____

Printed Name of Applicant: _____

Subscribed and sworn before me on: _____ **Notary Public:** _____ **Commission Expires:** _____

PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE (O.C.G.A. § 36-60-6(D))

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 employs more than ten (10) employees and has registered with and uses the federal work authorization program (E-Verify), or any subsequent replacement program, in accordance with O.C.G.A. § 13-10-90.

Federal Work Authorization (E-Verify) User ID #: _____ **Date of Authorization:** _____

Name of Private Employer: _____

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

Signature of Authorized Officer/Agent: _____ **Date:** _____

Printed Name & Title: _____

Subscribed and sworn before me on: _____ **Notary Public:** _____ **Commission Expires:** _____

PRIVATE EMPLOYER EXEMPTION AFFIDAVIT (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 fewer than eleven (11) employees and therefore is not required to register with or use the federal work authorization program (E-Verify) under O.C.G.A. § 13-10-90.

Printed Name of Exempt Private Employer: _____

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

Signature of Authorized Officer/Agent: _____ **Date:** _____

Printed Name & Title: _____

Subscribed and sworn before me on: _____ **Notary Public:** _____ **Commission Expires:** _____