P.O. Box 838
134 S. Oak Street
Jackson, GA 30233
Phone: 770-775-7535
Fax: 770-775-8051

Occupational license instructions

STEP 1. Obtain the zoning of the property for the type of business intended to open from the City of Jackson Planning and Zoning Department. You must provide the address and the type of business you are wanting to open before we can process your request. Do not sign a lease or close on the property until you know you are properly zoned.

STEP 2. After you have confirmed the property is zoned for the type of business you wish to have at the property. You may now move forward with the Business License packet. You must provide all proper documentation to process your request (refer to the checklist on page 2 of this packet). **Do not sign any documents that need to be notarized until you are in front of a notary.**

STEP 3. Once you have completed your application and have all your documentation, you can now submit the payment for Fire and Building Inspection. The fire inspection is $100 and the building inspection is $100. These fees can be paid to the City of Jackson. Your application will not be processed and approved for your license and certificate of occupancy until your inspections have passed. If you are a Restaurant or Food Service Vendor, a copy of the Final inspection from the Health Department showing you passed the inspection must be submitted. There will be a $25 food regulatory fee required with the business license fee.

STEP 4. Once all your inspections have passed, you may now pay your Business License Fee to obtain your license. Your business license fee is based on the number of employees you have.

Check List

(Each item in the checklist is in the order this packet should be done)

- ☐ Zoning confirmation of the property. The City of Jackson will advise the applicant if it is approved or denied.
- ☐ Completed occupational tax packet with all requested documentation provided.
  1. Picture ID
  2. Lease Agreement/ Proof of ownership
  3. If you are a home base business (you will need a notarized letter from the property owner with permission to run a business out of the home)
  4. If you are required to hold a states license for your business, you must submit a copy of this. Example (Cosmetologists, Medical Doctors, Etc.)
  5. If you are a Food Establishment submit your Final Approved inspection from the Health Department.
- ☐ Request for Building and Fire inspection will be submitted once we have received all documentation and payment for inspection. (If you are a home-based business, you are not required to have a fire or building inspection).
- ☐ Once you have passed your inspections and the City of Jackson has all the documentation required to obtain your license, you will be notified to come and pay your Business License Fee. This fee is based on the number of employees you have, and any regulatory fees will be added to this Example (Food Regulatory Fees for food establishments).

Will you be doing any renovations or alterations?

- ☐ You must obtain a building permit to make any alterations to the building. Please contact Marjorie Stansell at 770-775-7535 or Marjorie.stansell@cityofjacksonga.com for any questions about obtaining a building permit.

Will you be putting up a sign or banner?

- ☐ All signs are regulated by the City of Jackson's Sign Code and must be permitted before being put up. You can contact Marjorie Stansell at 770-775-7535 or Marjorie.stansell@cityofjacksonga.com for information on how to obtain a sign permit. DO NOT pay a sign company for a design until you know the design is compliant with the City of Jackson's Sign code.

Occupational Tax/ Business Information

Business Name _____

Type of Business/ Business Description _____

Legal Address of Business (Location) _____

Telephone No._____ Federal ID No. _____

Email Address_____

Website Address _____

Billing Address (if different) _____

Owners Name (if sole proprietorship) _____

If partnership, list name (if corporation, list officers)

_____

Home Address _____

Home Phone No._____

List name and addresses of any previous businesses operated

_____

_____

Emergency Contacts

Name of person _____ Phone No. _____

Name of person _____ Phone No. _____

Applicant Signature _____

Occupational Tax Certificate of Occupancy
Fire and Building inspection

Name of Business _____

Business Address _____

Date of Occupancy _____ Type of Occupancy _____

Your Name (Print) _____

Phone No. _____

Name of Utility Company Servicing Premises _____

_____

Name of person the utility services are under _____

I understand that the fee of $200.00 for building and fire safety inspection is mandatory by law and must be paid prior to issuance of this certificate. Operating a business without an Occupational Tax License is prohibited and subject to fine and/ or imprisonment.

Signature _____ **Date** _____

Office use only

Prior Occupancy (Business Type) _____

Processed By _____

Inspection fees paid _____ cash/check/card Date _____

Inspection request date (FIRE)_____(BUILDING) _____

Date inspection Passed/Approved (FIRE) _____ (BUILDING)_____

YEAR _____ **CITY OF JACKSON OCCUPATIONAL TAX RETURN**

NAME OF BUSINESS: _____ DATE ESTABLISHED_____

LEGAL ADDRESS OF BUSINESS: _____

DESCRIBE PRINCIPAL TYPE OF BUSINESS CONDUCTED:

_____

A. Multiply total number of employees on January 1st times the per employee tax to calculate occupation tax. The city may request supporting information such as Wage and Tax reports to determine the accuracy of information.

0 – 3 Employees (MINIMUM TAX)	= $125.00
Next 7 Employees _ x $19.00 per employee	= $_____
Next 10 Employees_ x $17.00 per employee	= $_____
Next 10 Employees_ x $15.00 per employee	= $_____
Next 10 Employees_ x $14.00 per employee	= $_____
Next 10 Employees_ x $ 7.00 per employee	= $_____
Over 50 Employees_ x $ 2.00 per employee	= $_____

B. Regulatory Fee (if applicable) +$_____

C. 10% penalty applied after March 31 and interest due at the rate of 1.5 percent (1.5%) per month +$_____

D. Total $_____

I hereby certify that the information reported herein is true and correct.

Signature and title of authorized person _____

Printed name of authorized person _____ Date _____

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

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

Business License (Occupational Tax Certificate): _____

Alcohol License_____ Taxi Permit_____ Other 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 criminal statue.

Executed this the____day of _____, 20_ in_____(city), _____ (state).

Signature of Applicant_____ Printed Name of Applicant_____

Subscribed and sworn before me on this _____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 of Compliance Pursuant to O.C.G.A. § 36-60-6(d)

(Please check the appropriate box (A or B) below and complete, including notarization at bottom)

A._____ Employs more than 10 (total employees for Individual, Firm or Corporation) By executing this affidavit, the undersigned private employer _____(business name) verifies its compliance with O.C.G.A. § 35-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number (this number is NOT the FEIN/Federal Employer Identification Number) and date of authorization are as follows:

_____/_____

Federal Work Authorization User Identification Number (E-VERIFY #) Date of Authorization

_____

Name of Private Employer

B. _____Employs less than 10 (total employees for Individual, Firm or Corporation) By executing this affidavit, the undersigned private employer _____(business name) verifies that it is exempt for compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 10 employees and therefore, is not required to register with and/or utilize the federal work authorization program provision commonly known as E-Verify.

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. § 116-10-20, and face criminal penalties allowed by such statute.

_____ _____

Name of Authorized Agent or Officer Title of Authorized Agent or Officer

Signature of Authorized Agent or Officer_____

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

My Commission Expires _____ SEAL

Notary Public _____

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.