2026 Occupational Tax – Business License Application Checklist

☐ Completed Application Form

☐ Copy of Health Department Inspection or Department of Ag, if applicable and any other state or professional license as required.

☐ Public Safety 911 Form

☐ Signed & Notarized Copy of SAVE & E-Verify Affidavit*

☐ Copy of Valid Government Issued Photo ID of Owner(s) or authorized agent*

☐ Parcel Number & Zoning Code*

☐ At least one of the following ID numbers listed on the application: Taxpayer Identification Number, Employer Identification Number, or Social Security Number*

BASE FEES

0-5 employees	$50.00
6-10 employees	$100.00
11-15 employees	$150.00
16-30 employees	$200.00
31-50 employees	$250.00
51+ employees	$400.00

Base Fee $_____

Plus Administrative Fee $10.00

Total Due: $_____

(Late Penalty of 10% after March 31st)

*Required for new applications or if there are any changes to current license.

If you are renewing with NO changes, only fill out the application (page 2.)

Occupational Tax/Business License Application

12221 Augusta Road, P.O. Box 564, Lavonia, GA 30553
Phone: (706) 356-8781 Email: bbusby@lavoniaga.gov

Type of Application: ☐ Renewal ☐ New
(If this is a new application or a new applicant signing, please complete a SAVE Affidavit and an E-Verify Affidavit and include an approved form of id.)

Legal Business Name: _____

"Doing Business As" (DBA): _____

Physical Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Email Address:** _____

Federal EIN / TIN: _____ **(or) Applicant SSN:** _____

State Professional License # (if applicable): _____

Date Business Opened or To Open: _____ **Total Number of Employees:** _____

Business Activity/Description (be specific):

_____

_____

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

E-Verify # (if 10+ employees) & Authorization Date: _____

I certify that the information provided is true and correct to the best of my knowledge.
I understand that failure to provide required information may result in denial of this license or fines as provided by the Lavonia Occupational Tax Ordinance.

_____ _____
Applicant Printed Name **Title**

_____ _____
Signature **Date**

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City of Lavonia Public Safety Information

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This form provides emergency services with accurate contact information for your business in case of emergencies.

Business Name _____

Street Address _____

Business Telephone Number_____

(In Case of Emergency)

Contact Name_____Telephone #_____

Contact Name_____Telephone #_____

Contact Name_____Telephone #_____

Is this a home-based business? Yes No (please circle one)
If this is a home based business, no further questions need to be answered

Hours of Operation _____

Number of Employees: Daytime _____ Night _____

Alarm Company: _____ Alarm Phone Number: _____

Power Company: _____ Meter Location: _____

Gas Company: _____ Meter Location: _____

Please circle one: Natural Propane

Water- Public or Private: _____ Sprinkler System: Yes No

Square Footage of Building: _____

Hazardous Materials: Yes No (please circle one)

Authorized Signature _____ **Date** _____

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E-Verify

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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) 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 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 _____, 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.

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SAVE AFFIDAVIT

Verification of Lawful Presence with the United States

*Required for new applications or if there are any changes to current license.

By executing this affidavit under oath, as an applicant for a(n) **Business License**, as reference in O.C.G.A §50-36-1, from the **City of Lavonia** 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 (f) (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 statute.

Executed 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: _____