



City of Ringgold

Office (706) 935-3061

Fax (706) 965-7446

OCCUPATIONAL TAX

Tax Year _____

DATE OF APPLICATION _____

☐ New Application ☐ Renewal – Prior License No. _____

Name of Business: _____

Business Address: _____

Mailing Address: _____

Business Phone Number: (____) _____ Email Address _____

Emergency Contact # (____) _____ Number of Employees as of January 1st _____

Type of Business: _____

List state license number and type if any: _____

Is the business located inside the City Limits of Ringgold? Yes ☐ No ☐

Is food prepared at this business? Yes ☐ No ☐ (if this business is new and food is prepared there, then an inspection by the City of Ringgold Wastewater Treatment Supt., will be required before license can be issued.)

Approved by _____ Superintendent

If business is not located inside Ringgold City limits, then where in the City will the business be done?

Owner's Name _____ Date of Birth _____

Owner's Home Address _____

Manager's Name _____ Date of Birth _____

Manager's Home Address _____

The undersigned certifies that he or she is the person duly authorized by the business herein named to file this registration and application for a license, including statements, and that the same are true, correct and complete.

Print Name _____ Applicant's Signature _____

OCCUPATIONAL TAX SCHEDULE

# of Employees	Tax Rate
1-25	\$ 20 per Emp.
26-50	\$ 18 per Emp.
51-100	\$ 16 per Emp.
101-200	\$ 14 per Emp.

# of Employees	Tax Rate
201-500	\$13 per Emp.
More than 500	\$12 per Emp.
Admin. Fee	\$100 per yr.
Professional Practitioner	\$400.00 per practitioner

PLEASE REMIT PAYMENT TO:

City of Ringgold
P. O. Box 579
Ringgold, GA 30736

**Affidavit Verifying Status
For City of Ringgold Public Benefit Application
(Occupational Tax Certificate)**

By executing this affidavit under oath, as an applicant for a City of Ringgold, Georgia Occupational Tax Certificate 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 Ringgold, Georgia Occupational Tax Certificate for:

Name of Business _____

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:

*

_____ Alien Registration number for non-citizens

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)
Compliance Deadline Schedule

Private employers applying for a[n] business license, occupational tax certificate, or other document required to operate a business must complete the above-referenced affidavit in compliance with the following schedule:

- If you are an employer (including any individual, firm, or corporation) employing more than five hundred (500) employees, you must complete an affidavit between January 1, 2012 and June 30, 2012.
- If you are an employer (including any individual, firm, or corporation) employing one hundred (100) or more employees, you must complete an affidavit between July 1, 2012 and June 30, 2013.
- If you are an employer (including any individual, firm, or corporation) employing more than ten (10) employees, you must complete an affidavit on or after July 1, 2013.

Pursuant to O.C.G.A. § 36-60-6(f), the office of the Georgia Attorney General will post the appropriate Private Employer Affidavit form on the Department of Law's official website pursuant to the above-referenced compliance schedule.

The Affidavit form should be sent to the entity within Georgia with whom you are doing business. A copy of the affidavit form need not be sent to the Georgia Attorney General's Office.



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

Private Employer Exemption Affidavit Pursuant to 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 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 foregoing is true and correct.

Executed on _____, 201__ 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires:

*This affidavit is for submissions made on or after July 1, 2013.



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

Private Employer Affidavit of Compliance Pursuant to 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 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

Date of Authorization

Name of Private Employer

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

Executed on _____, 201__ 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 _____, 201__

NOTARY PUBLIC

My Commission Expires:
