



OCCUPATION TAX CERTIFICATE APPLICATION

P.O. Box 145 - 106 Park Street - Tennille, Georgia 31089
Office (478) 552-7875 - Facsimile (478) 552-3470
www.tennille-ga.gov

Business Information

NEW RENEWAL TERMINATION

Legal Name of Business

Business Phone

DBA (if different)

Business Location/Address

Mailing Address (if different)

CORPORATION

LLC

LLP

PARTNERSHIP

NON-PROFIT

SOLE OWNER

Date Business Opened (or Closed)

Type of Company

Contact Information

Full Name/Title

Full Name/Title (If Co-Owner)

Home Address

Home Address

City/State/Zip

City/State/Zip

Phone/Email

Phone/Email

Occupational Tax Information

Type of Establishment (select from list on back)

of Employees

Federal Tax ID #

State Sales Tax #

State License #

I, the undersigned, certify that the above information is true and correct.

Signature/Title

Date

OVER →

Fee Schedule

<u># EMPLOYEES</u>		<u>Multiple by #</u>		<u>SUB-TOTALS</u>
First 1-10		x \$20.00/ea =		
Next 11-20		x \$18.00/ea =		
Next 21-30		x \$16.00/ea =		
Next 31-40		x \$1500/ea =		
Next 41-		x \$ 5.00/ea =		
Administration Fee	1	+ \$25.00		\$25.00
		TOTAL FEE:		

Type of Establishment (Select One)

<input type="checkbox"/> Assembly Hall <input type="checkbox"/> Barber Shop/Beauty Parlor/Nail Salon <input type="checkbox"/> Based on No. of employees & customers <input type="checkbox"/> Boarding House <input type="checkbox"/> Bowling Alley <input type="checkbox"/> Carwash <input type="checkbox"/> Church (w/o Daycare or Kindergarten) <input type="checkbox"/> Correctional Institute/Prison <input type="checkbox"/> Country Club (Recreation Facilities Only) <input type="checkbox"/> Day Care Center (No Meals) <input type="checkbox"/> Dental Office <input type="checkbox"/> Department Store <input type="checkbox"/> Factory With Showers <input type="checkbox"/> Factory Without Showers <input type="checkbox"/> Food Service - Bar & Cocktail Lounge <input type="checkbox"/> Food Service - Carry Out Only <input type="checkbox"/> Food Service - Drive-In Restaurant <input type="checkbox"/> Food Service - Restaurant (up to 12 Hrs/Day) <input type="checkbox"/> Food Service - Restaurants (12 to 18 Hrs/Day) <input type="checkbox"/> Food Service - Restaurants (Over 18 Hrs/Day) <input type="checkbox"/> Funeral Home <input type="checkbox"/> Gas Station - Interstate <input type="checkbox"/> Gas Station - Interstate w/Carwash <input type="checkbox"/> Gas Station - Other Locations <input type="checkbox"/> Gas Station - Other Locations w/Carwash	<input type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Hotel <input type="checkbox"/> Kindergarten (No Meals) <input type="checkbox"/> Laundry - Coin <input type="checkbox"/> Laundry - Commercial <input type="checkbox"/> Lodges <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> Motel <input type="checkbox"/> Nursing Home <input type="checkbox"/> Office (Sq footage =) <input type="checkbox"/> Physician's Office <input type="checkbox"/> School - Boarding <input type="checkbox"/> School - Day, Restroom and Cafeteria <input type="checkbox"/> School - Day, Restrooms Only <input type="checkbox"/> School - Day, Restrooms, Gym and Cafeteria <input type="checkbox"/> Service Station-Services/Repairs Cars/Garage <input type="checkbox"/> Shopping Center <input type="checkbox"/> Stadium <input type="checkbox"/> Storage Facility-Total Facility Square Footage <input type="checkbox"/> Supermarket/Grocery Store <input type="checkbox"/> Theater <input type="checkbox"/> Travel Trailer Park w/o W&S Connections <input type="checkbox"/> Travel Trailer Park w/W&S Connections <input type="checkbox"/> Warehouse
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**Affidavit Verifying Status
For City Public Benefit Application**

By executing this affidavit under oath, as an applicant for a City of Tennille, 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:

_____ I am a United States citizen

OR

_____ 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.

This _____ day of _____, 20__.

Signature

Alien Registration # for Non-Citizens

Subscribed and Sworn before me 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)

By executing this affidavit under oath, as an applicant for an Occupation Tax Certificate as referenced in O.C.G.A. § 36-60-6(d), from City of Tennille, the undersigned applicant representing the private employer known as _____ [print name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Please check one (1):

- (a) _____ The individual, firm, or corporation employs more than ten (10) employees.
- (b) _____ The individual, firm, or corporation employs ten (10) or fewer employees.

If 1(a) is selected, complete #2 below:

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

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

Date of Authorization

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 allowed by such statute.

Executed on the _____ date of _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

Subscribed and Sworn before me this _____ day of _____, 20____.

Notary Public
My Commission Expires: