**OCCUPATION TAX CERTIFICATE APPLICATION**

P.O. Box 145 - 106 Park Street - Tennille, Georgia 31089

Office (478) 552-7875 - Fax (478) 552-3470

[www.tennille-ga.gov](http://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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | *Multiple by #* | *SUB-TOTALS* |
|  | 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:** |  |
|  |  |  |  |  |  |

**Fee Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Standard fee for business without employees is $45**  **Type of Establishment**  (Select One) | | | |
|  | Assembly Hall |  |  | Hospital - Inpatient |
|  | Barber Shop/Beauty Parlor/Nail Salon |  |  | Hospital - Outpatient |
|  | Based on No. of employees & customers |  |  | Hotel |
|  | Boarding House |  |  | Kindergarten (No Meals) |
|  | Bowling Alley |  |  | Laundry - Coin |
|  | Carwash |  |  | Laundry - Commercial |
|  | Church (w/o Daycare or Kindergarten) |  |  | Lodges |
|  | Correctional Institute/Prison |  |  | Mobile Home Park |
|  | Country Club (Recreation Facilities Only) |  |  | Motel |
|  | Day Care Center (No Meals) |  |  | Nursing Home |
|  | Dental Office |  |  | Office (Sq footage = ) |
|  | Department Store |  |  | Physician’s Office |
|  | Factory With Showers |  |  | School - Boarding |
|  | Factory Without Showers |  |  | School - Day, Restroom and Cafeteria |
|  | Food Service - Bar & Cocktail Lounge |  |  | School - Day, Restrooms Only |
|  | Food Service - Carry Out Only |  |  | School - Day, Restrooms, Gym and Cafeteria |
|  | Food Service - Drive-In Restaurant |  |  | Service Station-Services/Repairs Cars/Garage |
|  | Food Service - Restaurant (up to 12 Hrs/Day) |  |  | Shopping Center |
|  | Food Service - Restaurants (12 to 18 Hrs/Day) |  |  | Stadium |
|  | Food Service - Restaurants (Over 18 Hrs/Day) |  |  | Storage Facility-Total Facility Square Footage |
|  | Funeral Home |  |  | Supermarket/Grocery Store |
|  | Gas Station - Interstate |  |  | Theater |
|  | Gas Station - Interstate w/Carwash |  |  | Travel Trailer Park w/o W&S Connections |
|  | Gas Station - Other Locations |  |  | Travel Trailer Park w/W&S Connections |
|  | Gas Station - Other Locations w/Carwash |  |  | Warehouse |

**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

\*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:

Subscribed and Sworn before me this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires:



**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 Date of Authorization

User Identification Number

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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: