

# OCCUPATIONAL TAX CERTIFICATE APPLICATION

HARRIS COUNTY COMMUNITY DEVELOPMENT,  
125 Barnes Mill Road, PO Box 689, Hamilton, GA 31811-0689  
Phone 706-628-4700 Fax 706-628-4140



ALSO NECESSARY TO PROCESS APPLICATION: COPIES OF DRIVER'S LICENSE, PROPERTY TAX RECEIPT(S), STATE LICENSE, AND FOOD PERMIT FROM HEALTH DEPARTMENT (IF DEALING WITH FOOD) OR CERTIFICATE FROM THE DEPARTMENT OF AGRICULTURE & AFFIDAVIT VERIFYING STATUS

(PLEASE PRINT & ANSWER ALL QUESTIONS; COMPLETE BOTH SIDES)

## BUSINESS INFO

1. Legal Name of Business \_\_\_\_\_
2. Doing Business As \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
5. Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
6. E-Mail Address \_\_\_\_\_
7. Georgia Sales & Use Tax Identification # \_\_\_\_\_ **OR** Social Security # \_\_\_\_\_
8. State License # (if applicable): \_\_\_\_\_ Expiration Date \_\_\_\_\_
9. Business Type (be specific as to what type of activity will be performed at the business address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is this a Home Occupation?  Yes  No

If "YES", STOP - you will need to complete the application for Home Occupation.

## APPLICANT/OWNER INFO

11. Name \_\_\_\_\_
12. Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
13. Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
14. Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
15. Type of Ownership:  Sole Proprietor  Partnership  Corporation\*  LLC\*

\*If Corporation or LLC, indicate the exact, complete name as it is registered with the Georgia Secretary of State's Office

Corporation Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

## PROPERTY INFO

16. Do you own or rent the business property?      OWN                      RENT
17. If "rent", indicate name of owner(s): \_\_\_\_\_  
(Note: If "rent", a copy of the lease or a letter from owner giving you permission to do business at the location is required)
18. Business Property Tax Map # \_\_\_\_\_ Parcel # \_\_\_\_\_ (both are reflected on tax bill)

**EMPLOYEE INFO** (include owner(s) and any additional employees on appropriate line)

- 19. Total *HOURS* worked by all Part-Time employees/week: \_\_\_\_\_
- 20. Total *NUMBER* of Full-Time employees who work 40+ hours/week: \_\_\_\_\_
- 21. Total Equivalent Full-Time employees (divide answer in "19" by 40): \_\_\_\_\_
- 22. Total *EMPLOYEES* (add "20" and "21" together): \_\_\_\_\_
- 23. Is the Total number in #22 **less than 10**?       Yes       No
- 24. Is the Total number in #22 **10 or more**?       Yes       No

If "YES", you must provide a Federal Work Authorization User ID Number (5 or 6 digits): \_\_\_\_\_

**ACKNOWLEDGMENT**

I, the undersigned applicant, do swear that the foregoing statements and facts are true, that no false or fraudulent statement is made herein; that such answers were made in order to procure an Occupational Tax Certificate; that any falsehoods may be grounds for dismissal of this application or subsequent revocation of the Certificate; and that should the number of employees reflected above increase, I will notify the Department. I understand that unless all accrued, outstanding or delinquent real and/or personal property taxes due of applicant/owner and location of business are paid, my Occupational Tax Certificate will not be renewed, and any fee that has been remitted in connection with this renewal will be returned.

\_\_\_\_\_  
Signature of Applicant/Owner      Date

**Note: Some of the information reflected on this form will be provided to the Georgia Department of Revenue.**

**FOR OFFICE USE ONLY**

Date Application Received in Office: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Paid by: Cash    Check (# \_\_\_\_\_)

Applicant's Personal/Real Property Taxes Current?    YES    NO      Property's Personal/Real Property Taxes Current?    YES    NO

Business Property is Zoned : \_\_\_\_\_

Verification of Zoning Matrix: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended Restrictions/Conditions to be Reflected on Certificate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAICS Code: \_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECISION:**    Approved    Denied

Occupational Certificate Number Issued: \_\_\_\_\_ Mailed on: \_\_\_\_\_ OR Picked up on: \_\_\_\_\_

If denied, reasons: \_\_\_\_\_

\_\_\_\_\_

Processed by \_\_\_\_\_ (signature)      \_\_\_\_\_ (printed name)

AFFIDAVIT VERIFYING STATUS  
FOR COUNTY PUBLIC BENEFIT APPLICATION  
Harris County, Georgia

By executing this affidavit under oath, as an applicant for a Harris County, Georgia, *Business Occupation Tax Certificate*, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to an application for a Harris County *Occupation Tax Certificate*, Alcohol License or other public benefit for:

\_\_\_\_\_ (insert name of business, corporation, partnership or other private entity on behalf of which person is applying)

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: \_\_\_\_\_

(seal)

\*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 EXEMPTION AFFIDAVIT  
PURSUANT TO O.C.G.A. § 36-60-6  
Harris County, Georgia

By executing this affidavit under oath, the undersigned private employer, as an applicant for a Harris County, Georgia, Business License/Occupational Tax Certificate for a business known as \_\_\_\_\_, 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.

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

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
in \_\_\_\_\_ (city), Georgia.

\_\_\_\_\_  
Printed Name of Exempt Private Employer

\_\_\_\_\_  
Signature of Exempt Private Employer or  
Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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