JEFFERSON COUNTY LICENSING DEPARTMENT

302 E. Broad Street
POB 811, Louisville Ga.30434
478-625-4032-Telephone
478-625-0597- Fax Line

Application
Occupational Tax Certificate (F/K/A Business License)
(For clarification, in the context of this application, the term Occupational Tax Certificate and Business License shall have the same meaning)

New License: _____   Renewal: _____   Year: _____   License# _____

Section A:

Name of Business: _____

Business Description:_____
(You are required to list in detail all service and product types rendered)

Business Location: (Check one)   CommerciaL/Business Lot: ( )   In/At Home: ( )   Mobile/Door-to-door ( )

Site Address: _____

Mailing Address: _____
(If different from "Street Address" above: if same, indicate same)

Telephone #_____

Ga Sales Tax Number: (For retail stores only):_____

Section B-1:

Applicant: Owner ( )   Manager ( )   Employee ( )   Other:

Applicant's Name: _____
(First)   (Middle Initial)   (Last)

Applicant's Address (Home) _____

Applicant's Phone # _____

Section B-2:
(If same as "Applicant" information above-Indicate "same as above")

Business Owner's Name: _____

Owner's Address (Home): _____

Owner's Phone Number: _____ Home: ( )   Mobile: ( )

Section C:

Do you have more than one office or business location in Jefferson County: Yes ( )   No ( )
Have Business Licenses been issued for any of these? Yes ( )   No ( )

Section D:

Required Confirmations

If any of the following are checked, you must first have those departments approval prior to issuance of a business license.

Planning/Zoning Dept. approved? Yes___ No___   Signature: _____

Code Enforcement approved?   Yes___ No___   Signature: _____

Jefferson County Health Dept.?   Yes___ No___   Signature: _____

Other/Permit Technician: Yes___ No___   Signature: _____

Profession State Certification Number: _____

Mobile: Bond Liability Insurance:
(Insurance Company name: _____) (Policy# _____)

Section E:

Occupation Tax (Business License)

Occupation Tax Schedule:
Number of Employees:

Number of Employees	Amount
Up to 5	$40.00
6-10 Employees	$60.00
11-20 Employees	$85.00
21-30 Employees	$100.00
31-40 Employees	$180.00
41-50 Employees	$300.00
More than 50 Employees	$500.00

The number of employees includes full-time equivalent working for the business. The fractional working ties of part-time employees are combined and rounded to provide a more accurate estimate of full time equivalent employees. The owner and other family members working for the business, whether, paid or not, shall be included in the count.

Carnivals	$ 300.00/Week
Pawnbrokers	$ 150.00
Massage Parlors	$1000.00
Auto and Motorcycle Racing	$ 500.00
Fortune Tellers	$1000.00
Adult Book Store	$1000.00
Peddlers	$50.00/Day or $500.00 Week

I hereby warrant that I fully understand the information requested and /or stated above, and that the information submitted herein is true and factual to the best of my knowledge. I further understand that giving false information on the application, to the Jefferson County Licensing Department or any designee, shall constitute grounds for revocation of my business license.

X _____   Date: _____

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 knows 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 on _____ 202__ In (City) _____ (Ga.) _____

_____
Printed Name of Exempt Private Employer

_____
Signature of Exempt Private Employer or
Authorize Officer or Agent

_____
Printed Name of Title and Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS _____ DAY OF _____ 202_____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

_____

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies of the following with respect to its application for a business license, occupational tax certificate, or other document requires to operate a business as referenced in O.C.G.A § 36-60-6(d).

Section 1.

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten employees.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed less than ten employees.

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__ (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: _____

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.

***** Federal work authorization program is commonly known as E-Verify, therefor the Federal Work Authorization User Identification is the E-Verify Number. *****