Documents Required for the Issuance of an Occupational Tax License
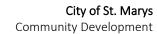
→ Please take care to ensure that all information is provided as required.
→ The permit will be processed _**within 30 business days**_ of the receipt of completed application with all required documents.
→ _**The city will not process incomplete applications.**_
→ Please submit completed permit application to planning@stmarysga.gov

_____ Occupational Tax Registration Form (with all fields completed and notaries executed)

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

_____ Legal Status Affidavit (O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT)

_____ Copy of a Secure and Verifiable Document as required for the Legal Status Affidavit

_____ Tax/Fee for Occupational Tax Registration of $75.00 plus $33.00 per full time employee equivalent

_____ If you are **not the owner of the business location**, you will need to provide a **copy of the lease** to verify you are operating in a valid location.

_____ If you are a **home-based business**, you must sign the terms of use agreement page.

_____ Independent contractors working at a business or independently will be required to have their own business license.

_____ If you plan to operate a **school, nursery, or day care facility**, you must apply to the Department of Human Resources Child Care Licensing. This agency will provide information regarding rules and regulations for childcare licensing.

_____ If you plan to operate a **grocery store or convenience store**, the Georgia Department of Agriculture inspects and licenses all food preparation facilities with no seating. Food storage facilities such as grocery stores and warehouses are also inspected.

_____ If you plan to operate a **restaurant**, any food preparation facility with seating including inspections of **hotels, motels, bed & breakfast, personal care homes, and restaurants** are inspected by the Camden County Public Health Department.

_____ If you plan to operate a or engage in a **state regulated business**, you must provide a copy of all valid certificates/licenses issued by the Georgia Secretary of State.

_____ If you plan to operate a **taxicab** service, you must obtain permits through the Code Compliance Office. (912) 510-4098.

_____ If you plan to serve **alcohol**, you must provide an Alcohol Licenses from the City Clerk. (912) 510-4039

Occupational Tax Registration Form

Business Name _____

Business Location _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone Number _____ Email _____

Number of Full Time Employees _____   Number of Part Time Employees _____   Total Number of Employees _____

Types of Business to be Conducted _____

Dominant Line of Business _____

Name of Owner/Agent _____ Phone _____

Home Address _____ City _____ State _____ ZIP _____

Georgia Sales Tax ID _____

Georgia License Type and Number _____

Please provide an alternate to contact in case of an emergency or if the owner cannot be reached.

Alternate Name _____ Phone _____

Home Address _____ City _____ State _____ ZIP _____

The undersigned hereby stipulates and states that all statements given in this occupational tax registration form are true and correct and made for the purpose of registering the above business or company with the City of St. Marys, Georgia for occupation tax assessment purposes. The applicant further states that any statement herein, given falsely may result in the revocation of the occupational tax registration certificate or refusal to grant such certificate as well as possible civil penalties. **In applying for this certificate, applicant agrees to abide by current zoning ordinance and regulations.**

Applicant hereby agrees and consents pursuant to public law 93-579 on the privacy act of 1974 that the disclosure of information obtained in this application may be submitted to any agency of the city, state, county, and federal governments for the purposes of obtaining the necessary information to process the application.

_____   _____
Signature of Owner/Agent/Qualifying Agent   Date

Staff Use Only

Approved _____   Date _____
Community Development Director / Planner

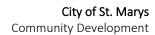Amount Due _____   Date Paid _____   Payment Method _____

OTR.2020.V2

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

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

Section A   Number of Employees

Please check the option that applies.

_____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.
If you select this option, please complete Sections B and C

_____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.
If you select this option, please complete Section C

Section B

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
(E-Verify Number) _____

Date of Authorization _____

Section C

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

Executed on _____ 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 _____ day of _____

_____

Notary Public Signature

My Commission Expires: _____

OTR.2020.V2

Legal Status Affidavit (O.C.G. A. § 50-36-1(e)(2) Affidavit)

By executing this affidavit under oath, as an applicant to a public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the City of St. Marys, the undersigned applicant verifies one of the following with respect to my application for a public benefit: (place <u>YOUR INITIALS</u> on the applicable line below, initial one line only)

_____ I am a United States Citizen.

_____ I am a legal permanent resident of the United States.

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and <u>has provided at least one secure and verifiable document</u>, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

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 as allowed by such criminal statute.

Executed on _____ in _____ (city, state).

Signature of Applicant _____

Printed Name of Applicant _____

SUBSCRIBED AND SWORN BEFORE ME

On this _____ day of _____

_____
Notary Public Signature

My Commission Expires: _____

This form must be accompanied by a "Secure and Verifiable Document" as required by O.C.G.A. § 50-36-2. A list of Secure and Verifiable Documents can be found at https://law.georgia.gov/resources/immigration-reports.

Credit Card Authorization

To Whom it May Concern,

I, the undersigned, do authorize the City of St. Marys to debit my credit/debit card for payment of the below fee(s) using the following information.

Request for Credit Card Payment

Today's Date _____   Fee Type/Reference _____
                                          (If applicable)

                                          + $3.00
Fee Amount $ _____   Processing Fee =   Total Charged to Card $ _____

Credit/Debit Card Information

Card Type _____ VISA _____ MasterCard _____ Discover _____ American Express

Credit Card Number _____

Expiration Date on Credit Card _____

Name as shown on Credit Card _____

Signature of Card Holder _____