



Occupational Tax Return
City of Grantville
123 Lagrange Street
Grantville, GA 30220
770-583-2289

Calendar Year: _____

Certificate # issued: _____

NAICS Code: _____

Date : _____

Disable Veteran of Not-for-Profit ____ Yes ____ No

***If yes, proof of status must be provided with return.**

Adjusted Gross Receipts for prior year:\$ _____ Tax Class _____ Tax Rate Per \$1,000 _____

Business Name _____

Business Location _____

Business Contact _____

Mailing Address (if different) _____

Business Phone _____

Business Email: _____

License Type ____partnership ____ sole owner

Corporation ____GA ____LLC ____ OTHER

Social Security Number _____

Tax ID Number _____

Email Address _____

Please list contact information for each owner:

Owner Name _____ Address _____ Phone _____

Owner Name _____ Address _____ Phone _____

***Please attach copy of driver's license and Social Security Card**

FINANCE DEPARTMENT USE ONLY! Date Paid _____ Amount Paid _____ Method _____

Ck# _____ Processed by _____ Date Processed _____ Prior owner pd in full? ____yes ____no

City of Grantville 123 LaGrange Street, Grantville, GA 30220 Phone: 770-583-2289 Fax: 770-583-2280

Certification -- The information herein is requested by the City of Grantville Code of Ordinances.

I, (print name) _____ bearing the title of _____ of the

business firm named, do hereby register to operate said business with the dominant activity of _____

In accordance with the business ordinance, City of Grantville, Georgia, I the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and that the information contained in these documents are true, correct and complete. I hereby make application for an Occupation Tax Certificate to conduct the above-described business in the City of Grantville. I understand that approval must be obtained from the departments having the authority prior to issuance of the certificate. By signature below, I do solemnly swear, subject to criminal penalties for false swearing, that information contained in the application is true and no false or fraudulent information is made herein to procure the granting of this certificate.

Owner's Signature _____ Date: _____

Map or parcel number of the property _____ Landlord or property owner's name _____

Complex name (if applicable) _____

Prior type of business activity at this location _____

Prior use of building _____

Will construction or renovation be required? _____ Yes _____ No Is this a home-based business _____ Yes _____ No

.....

Zoning Approval: N/A _____	Building Approval: N/A _____	Fire Marshall Approval: N/A _____
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<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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Zone _____ Date _____	Notes _____	Notes _____
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Reviewed by _____	Reviewed by _____	Reviewed by _____
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O.C.G.A § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for Circle One:

[*Occupation Tax Certificate, Regulatory Permit, Alcohol License, Taxi Permit*], or other public benefit as referenced in O.C.G.A § 50-36-1, from the City of Grantville, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1)_____ I am a United States citizen. (Include front & back of driver's license)
- 2)_____ I am a legal permanent resident of the United States. (Include front & back of permanent resident card)
- 3)_____ 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. (Include front & back copy of resident card)
- My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

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

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully make 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 criminal statute.

Executed in GRANTVILLE, GEORGIA

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THE THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

City of Grantville - 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 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees 1 .

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

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__ in GRANTVILLE, GEORGIA.

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: _____

1 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.