OCCUPATIONAL TAX APPLICATION

CITY OF CEDARTOWN*201 EAST AVENUE*CEDARTOWN GA 30125*PHONE (770)7483220 X 214

Date _____ **Account No.** _____

Legal Name of Business _____

Any Associated Trade Names _____

Business Physical Address _____

Mailing Address _____

Local Business Telephone # _____ **Fax #** _____

Owner of Business _____

Owner's Address _____

Owner's Telephone # _____ **Fax #** _____

Type of Business _____

Example: Building Construction Contractor, Retail, Professional, Beauty Shop, Hotel, Manufacturing, Repair Shop, Etc.

For Restaurant/Deli Use ONLY

( ) Preparing and Serving Food OR ( ) Serving Food but NOT Preparing Food

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Fed. I.D. _____ or State I.D. _____

or S.S. Number _____

Do you currently have a valid Georgia Occupational Tax License? _____

If so, please provide a copy of your license.

Employee is identified if a W-2 is issued. Please do not include owners/partners.

Average weekly number of FULL TIME employees (40 hours per week) _____

Average weekly number of PART TIME employee's equivalent to full time employees is _____

Total # of Employees is _____

Attached: ( ) Legal U.S. Identification ( ) If state regulated, proof of license/State of GA Certificate of Registration

Within 24 hours of opening & periodically; the City of Cedartown may inspect premises to ensure compliance with public safety regulation, local, state, and federal laws. Failure to comply with regulations may result in revocation of business license. It is unlawful to conduct a business within the City of Cedartown without a business license.

I certify the information contained herein, to the best of my knowledge, is true & correct. I also certify that I have received copies of rules & regulations and I understand there may be other city ordinances, State & or Federal laws that may apply.

Date

Applicants Signature

Occupational License is due on or before February 1, of each year, after which a 10% penalty is charged.

Zoning Verification & Building Inspection Required

Zoning

Signature of City Building Inspector

State of Georgia

Department of Revenue

1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

Cedartown Affidavit Verifying Status for City Benefit Application (SAVE)

By executing this affidavit under oath, as an applicant for a City of Cedartown, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Sub Contractors or other public benefit as referenced in O.C.G.A Section 50-36-1. I am stating the following with respect to my application for a City of Cedartown, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

_____.
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

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:

_____

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

*_____
Alien Registration number for non-citizens

Notary Public _____

My Commission Expires:_____

*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:

_____

CITY OF CEDARTOWN

201 East Avenue
Cedartown, Georgia 30125
Telephone (770) 748-3220 ♦ Fax (770) 748-8962

BOARD OF COMMISSIONERS

DALE TUCK, CHAIRMAN
LARRY ODOM, PRO-TEM
MATT FOSTER
JORDAN HUBBARD
GARY MARTIN

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

By executing this affidavit under oath, as an applicant for an occupational tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Cedartown, Georgia, the undersigned applicant representing the private employer known as _____ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section on or after July 1, 2013.
(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.
If the employer selected 1(a) please fill out Section 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:

_____
Federal Work Authorization User Identification Number (E-Verify Company ID Number)

_____
Date of Authorization

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_____, 201__ in _____ (City), _____ (State).

_____ _____
Signature of Authorized Officer or Agent Date

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 201____.

_____ _____
NOTARY PUBLIC/SEAL My Commission Expires