

**OCCUPATIONAL TAX APPLICATION
PEDDLERS/TRANSIENT MERCHANTS**

CITY OF CEDARTOWN*201 EAST AVENUE*PO BOX 65*CEDARTOWN GA 30125*PHONE (770)7483220 X 214

Date _____ Account No. _____

Legal Name of Business _____

Any Associated Trade Names _____

Business Location _____

Mailing Address _____

Local Business Telephone # _____ Fax # _____

Owner of Business _____

Owner's Address _____

Owner's Telephone # _____ Fax # _____

Description of Business _____

Products Sold _____

Classification of Business

() Peddler () Transient Merchant

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

SSN: _____

Salesman Working in Cedartown

- Color copy of driver's license/identification and Social Security card must be included with application
- Criminal background check is required by the Cedartown Police Department

Three (3) References: (Include Telephone Numbers)

Other Locations Worked _____

Criminal History _____

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

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.

A One (1) to Five (5) Days Waiting Period Applies.

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

Amount of Occupational Tax

Peddler

- **\$26.00 (Non-Refundable Background Fee Per Employee)**
- **\$225.00 (Occupational Tax Due If Approved)**

Transient Merchant

- **\$26.00 (Non-Refundable Background Fee Per Employee)**
- **\$125.00 (Occupational Tax Due If Approved)**

Approval by Chief of Police and City Manager Required

() Approve

() Deny

Chief of Police

Date _____

() Approve

() Deny

City Manager

Date _____

Cedartown Police Department

Authorization for Release of Personal Information

Applicant(s)

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of the City of Cedartown Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospital, clinics, private practitioners, and the U.S. Veterans Administration; employment and preemployment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and records of any criminal history with the Georgia Crime Information Center (GCIC) or National Crime Information Center (NCIC).

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered by the CPD in determining my suitability for a **peddler's** license. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be insured as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (including maiden and middle name)

Date

Address

Sex Race DOB

Phone Number

Social Security No.

Drivers License No.

States resided in since 18 years of age (use abbreviations)

Witness

Date

OWNER APPLICANT / OUTLET MANAGER

FINGERPRINTED BY CEDARTOWN POLICE DEPARTMENT

BY: _____

DATE: _____

CRIMINAL BACKGROUND CHECK BY CEDARTOWN POLICE DEPT.

BY: _____

DATE: _____

CRIMINAL BACKGROUND

APPROVED BY: _____

REJECTED BY: _____

DATE: _____

IDENTIFICATION CARD

BY: _____

DATE: _____



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

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 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 ♦ P.O. Box 65
Cedartown, Georgia 30125
Telephone (770) 748-3220 ♦ Fax (770) 748-8962

BOARD OF COMMISSIONERS

DALE TUCK, CHAIRMAN
SCOTTY TILLERY, VICE CHAIR
JOHN BARRETT
GARY MARTIN
LARRY ODOM

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

****This form is required by Georgia State Law****

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 between January 1, 2012 and June 30, 2012.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) or more employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012 and June 30, 2013.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) or more employees.

If the employer selected 2(a) please fill out Section 4 below.

3. 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 3(a) please fill out Section 4 below.

4. 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

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