

**P.O. Box 290
Baxley, GA. 31515
(912) 367-8300**



**Occupational Tax
Certificate Application**

Name of Business (DBA) _____

Business Address _____

Mailing Address (if different) _____

Business Phone _____

Email Address _____

Ownership Type: Georgia Corporation Foreign Corporation Sole Owner Partnership

GA State Sales & Use Tax Number <http://gtc.dor.ga.gov>

Federal ID (FEIN) www.irs.gov/business/small

E-Verify Number www.uscis.gov/everify

NAICS Code www.census.gov/naics

Description of Business Activity _____

OWNER INFORMATION: Individual listed below must, at time of application, provide a copy of their driver's license or other government approved identification.

Business Owner _____

Owner Address _____

Home Phone _____

Drivers License Number _____

Estimated Gross Receipts

Information provided by a business or practitioner to the City of Baxley for the purpose of determining applicability and amount of the Occupation Tax or levying or collecting the Occupation Tax is confidential. Georgia Open Records Act prohibits public viewing of gross receipts but the public may view other information on this application.

Per O.C.G.A. 48-13-9, certain Practitioners of Professions may choose to pay a flat tax of \$400 per practitioner in lieu of paying a tax based on gross receipts. Any eligible business that chooses this option of taxation must still pay the \$50 administration fee. If your business is eligible, and all practitioners agree to pay the flat tax, please select option B below.

OPTION A: Gross Receipts (Previous year)

Tax Class	Tax Class Decimal	Tax Class	Tax Class Decimal
1	.00035	4	.00050
2	.00040	5	.00055
3	.00045	6	.00060

***Please see enclosed list to determine NAICS and Tax Class.**

(A) NAICS*	(B) Tax Class*	(C) Gross Receipts	(D) Tax Class Decimal	(E) Admin. Fee	(F) Tax Amount Due
				\$50	

To calculate the tax amount due, please multiply the business gross receipts by its tax class decimal then add the administrative fee. (C) X (D) + (E) = (F).

OPTION B: Practitioners of Professions

State License Number: _____

_____ I elect to pay a flat tax in lieu of reporting gross receipts and paying a tax based on gross receipts.

Examples of professions that are eligible to pay a flat tax in lieu of paying a tax on gross receipts per O.C.G.A. 48-13-9 include, but are not limited to: Architect, Chiropractor, Dealers in precious metals, Dentist, Embalmer, Engineer, Funeral Director, Land Surveyor, Landscape Architect, Lawyer, Locksmiths, Optometrist, Osteopath, Physician, Physiotherapist, Podiatrist, Psychologist, Public Accountant, Social Worker, Therapist, Veterinarian.

(A) Profession	(B) Number of Practitioners	(C) Flat Tax	(D) Administrative Fee	(E) Total Amount Due
		\$400	\$50	

To calculate the tax amount due: multiply the number of practitioners by the flat tax & add administrative fee. (B) X(C) + (D) = (E)

Employee Discount (if applicable)

Any business that generates more than 25 full time jobs will be eligible for a tax discount according to the following schedule:

No. of Employees	Cost of License	% of Discount	Amount of Discount	Cost of License Less Discount
25-50	\$	X10%=		
51-100	\$	X20%=		
101 -250	\$	X30%=		
251 - 500	\$	X40%=		
501 & over	\$	X50%=		

Certification

I hereby certify that I have provided complete and accurate information above. I acknowledge that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate. Furthermore, I understand that any false information provided herein may void this application or become cause for revocation of my occupation tax certificate. I also understand that this information will be provided to the Georgia Department of Revenue.

Signature

Date

Print Name

Title

Notary

Commission Expires

(STAMP)

Business License Check List

- **Application Completed, Signed, & Notarized**
- **Copy of Owner's Driver's License (or other approved government ID)**
- **Copy of State License (if applicable)**
- **Completed, Signed, & Notarized E-Verify Form**
- **Completed, Signed, & Notarized SAVE Affidavit**
- **Payment for License (Check or cash payment ONLY)**
- **Copy of official document stating gross receipts**
- **If option b applies, provide copy of professional state license.**

There are Notary Services available at City Hall. If using a notary at City Hall, please DO NOT sign the forms prior to hand delivery to City Hall. A Notary MUST see your photo ID and see you sign your name in order to notarize your signature. If you have any questions, please call City Hall at (912) 367-8300.

Application/Payment can be brought in person to:

City Hall (282 East Parker Street, Baxley)

or mailed to

City of Baxley

P.O. Box 290

Baxley, GA 31515

NOTE. A LATE FEE WILL APPLY TO ANY PAYMENT MADE AFTER APRIL 1 OF CURRENT YEAR.

E-Verify/Private Employer Affidavit

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit www.uscis.gov/everify. The CITY OF BAXLEY will not issue initial licenses, certificates, or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a business license/occupational tax certificate as reference in O.C.G.A § 36-60-6(d), from the CITY OF BAXLEY, the undersigned applicant representing the private employer known as:

(printed name of private employer – individual, firm or corporation)

verifies one of the following with respect to my application for the above mentioned business document:

The individual, firm or corporation employs the following number of employees: Check ONE

500 or more employees – must comply on or after January 1, 2012

- You must provide the following information in order to receive a 2015 business license/occupational tax certificate:

Federal Work Authorization User Identification Number

Date of Authorization

100 – 499 employees – must comply on or after July 1, 2012

- You must provide the following information in order to receive a 2015 business license/occupational tax certificate:

Federal Work Authorization User Identification Number

Date of Authorization

11 – 99 employees – must comply on or after July 1, 2013.

- You must provide the following information in order to receive a 2015 business license/occupational tax certificate:

Federal Work Authorization User Identification Number

Date of Authorization

10 or fewer employees – automatically exempt from participation in E-Verify program.

Furthermore, I, as the applicant, affirmatively state that 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. § 13-10-90.

In making the above reference 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 _____ day of _____, 20____ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent

Notary Public

Printed Name of and Title of Authorized Officer or Agent

My Commission Expires

(STAMP)

SAVE Public Benefits Affidavit

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (GA Code 50-36-1(e)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city.

I, _____ (representative for) _____
(Name of Individual) (Name of Business)

By executing this affidavit under oath, as an applicant for: (Please Check One)

Business License/Occupational Tax Certificate Alcohol License Contract

As reference in O.C.G.A. § 50-36-1, from the City of Baxley, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Please Check ONE

- 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 is: _____

The undersigned applicant also hereby verifies 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 this affidavit.

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

- U.S. Driver's License U.S. Passport U.S. Military ID U.S. ID Card
 - U.S. Permanent Resident Card/Alien Registration Receipt Card Certificate of Citizenship/Naturalization
- For other documents not listed please call the City of Baxley (912) 367-8300.*

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 in _____(City), _____(State).

Signature of Applicant

Notary

Printed Name of Applicant

My Commission Expires

Date

(STAMP)