

**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](http://www.irs.gov/business/small)

E-Verify Number [www.uscis.gov/everify](http://www.uscis.gov/everify)

NAICS Code [www.census.gov/naics](http://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
				<b>\$50</b>	

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)

No. of Employees	Cost of License	% of Discount	Amount of Discount	Cost of License Less Discount
1	\$	0%	\$0	\$
2-5	\$	10%	\$40	\$360
6-10	\$	20%	\$80	\$280
11-25	\$	30%	\$120	\$200
26-50	\$	40%	\$160	\$120

City of Baxley

City of Baxley, Georgia, is a city in Wilcox County, Georgia. It is the county seat of Wilcox County. The city is located on the western edge of the county, near the border with Wilcox County. The city is a small town with a population of approximately 1,000 people. The city is known for its scenic views and its proximity to the Okefenokee Swamp. The city is a popular destination for tourists and is home to several businesses and services.

City of Baxley

800

City of Baxley

1000

City of Baxley

7000

City of Baxley

**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

# 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](http://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)