



**OCCUPATIONAL TAX
REGISTRATION
APPLICATION PACKET**

Checklist for Applying for a New Business License

- Complete Scope of Work and meet with Remerton Planning and Zoning Official
- Building Permit, if applicable
- Business Licence Application
- Health Department Certificate, if applicable
- Copy of State License, if applicable
- Notarized E-Verify Affidavit
- Notarized SAVE Affidavit
- Copy of government issued ID
- Regulatory Permits, if applicable
- Federal Employer ID Number
- Georgia Taxpayer ID Number
- Any other information required by the City Clerk's Office

General Information

The City of Remerton welcomes your business to our community. The following is designed to provide general information and assistance to new businesses when they establish a location in the City of Remerton.

A business license or “occupational tax registration certificate” is required of all businesses operating within the city limits of Remerton. A new business or profession must make application, pay a business license fee and receive a Business License. Business License are valid for the calendar year in which they are obtained. A business license is required per location of your business.

Business Licenses must be renewed each year by completion of a Business License Renewal Application.

Annual Business License Deadlines:

License Expires: December 31

Renewal Deadline: January 31

Obtaining and Occupation Tax Certificate for the First Time:

1. The first step in obtaining the Business License is to verify the type of business meets all zoning requirements for the business location. Even if another business has been located in this area previously, verification for zoning compliance is required. Fully complete the scope of work in this packet.
2. Building Permit, if applicable.
3. If your business serves food and/or drinks, you will need a food permit before Business License can be issued. *(Contact: Lowndes County Health Department)*
4. If your profession is (ex: Doctor, Lawyer, Contractor, Plumber, Barber, Beautician, Auto Trader) requires a State License, a copy of your State License has be be provided before a Business License can be issued.
5. Complete a Business License Application provided by the City Clerk. The completed application, all supporting documents, and business license fee must be submitted to the City Clerk. **Any Business License Application that is not completed in its entirety will not be processed.**
6. The Business License Application will then be reviewed and processed. The business location will be inspected by the Office of the Fire Marshal and Building Inspector, if applicable.
7. The official Business License Certificate will be mailed by the City Clerk’s Office within 5-7 business days. The License shall be posted in a prominent location in your business.

Scope of Work

Name of Business: _____

Proposed Business Address: _____

Property Owner: _____

Business Owner/Operator Name: _____

Business Owner/Operator Phone Number: _____

Business Owner/Operator Mailing Address: _____

Business Owner/Operator Email Address: _____

Type of Business: _____ Is this a home business? _____

Description of Business (Be as detailed as possible)

Will the proposed building be renovated to accommodate the new business? _____

If yes, please describe what renovations will be made:

Requesters Signature: _____ Date _____

Planning and Zoning Department ~ Official Use Only

Zoning District: _____ Use Allowable in District: _____

Variance / Special Exemption required: _____

Building Permit required: _____

Reviewed by: _____ Date _____

E-Verify Form

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

By executing this affidavit, the undersigned private employer verifies that its compliance with O.C.G.A. 3660-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) employees and has registered with and utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Business: _____

Number of Employees: _____

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

Date of Authorization (Date Number Obtained) _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20_____ in _____(city), _____(state)

Printed Name and Title of Business Representative: _____

Signature of Business Representative: _____

Subscribed and sworn before me on this, _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

Seal

Note: Affidavit must be notarized.

E-Verify Exemption Form

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

By executing this affidavit, the undersigned private employer verified that it is exempt from compliance with O.C.G.A. 3660-6, stating affirmatively that the individual, firm or corporation employs less than ten (10) employees and therefore is not required to register with and utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90.

Name of Business: _____

Number of Employees: _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____(city), _____(state)

Printed Name and Title of Business Representative: _____

Signature of Business Representative: _____

Subscribed and sworn before me on this, _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

Seal

Note: Affidavit must be notarized.

SAVE Form

A copy of your driver's license (or other "secure and verifiable document"), along with this NOTARIZED Affidavit must be submitted as part of the application for renewal of an Alcohol License, Occupation Tax Certificate, Fuel Pump Registration Permit or any other Licence or Permit from the City of Remerton. This affidavit must be completed and must be notarized. The license or permit cannot be processed or issued, otherwise.

AFFIDAVIT PURSUANT TO O.C.G.A. §50-36-1(e)(2) VERIFYING STATUS FOR CITY OF REMERTON PUBLIC BENEFIT APPLICATION

By executing this Affidavit under oath, as an applicant for the City of Remerton, Georgia Alcohol License, Occupation Tax Certificate, Fuel Pump Registration Permit or any other License or Permit, or other "public benefit" as referenced in O.C.G.A. 50-36-1, I am stating the following with respect to the application therefore:

1 - I, _____, am a United States Citizen

2- I, _____, am a legal permanent resident of the United States.

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.

My alien number issued by the Department of Homeland Security or other federal immigration agency 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 described as:

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 on _____, 20____ in _____ (city, _____ (state)

Printed Name and Title of Business Representative: _____

Signature of Business Representative: _____

Notary Public

My Commission Expires: _____

Seal

Note: Affidavit must be notarized.

Application

Businesses are required to submit a copy of the business' last completed Federal Tax Return or a letter from the companies CPA stating gross income, notarized SAVE affidavit, a notarized E-Verify affidavit, and a copy of the applicant's government issued photo ID as part of the application process. A business license will NOT be issued until full compliance is achieved. For more information, visit the City's website at www.cityofremerton.com

It is the intent of the City of Remerton to ensure that all occupations are in compliance with the Remerton Zoning Ordinances and to safeguard the health and well-being of Remerton Citizens.

Business Tax Account Information

Legal Name or Business/DBA: _____

Business Description: _____

Business Address: _____

Mailing Address (If Different): _____

First Name: _____ Last Name: _____

Business Phone: _____ Alternate Phone: _____

Email Address: _____

State Sales Tax Number: _____ State License #: _____

Federal Tax ID / Social Security: _____ E-Verify #: _____

Health Certificate #: _____

Type of Ownership: _____ Type of Business: _____

Type of Registration: _____ Residential Business: _____

Number of Employees: _____

List any other businesses that you have or have had in Remerton:

Occupation Tax Schedule (complete either section)

| Professional Business Class | Gross Revenue Class |
|---|--|
| Number of Professionals: _____ | Estimated Gross Revenue: \$_____ |
| Amount Per Professions: \$300.00 | Gross Bracket Tax Amount for a Class _____ Business: |
| License Fee Total: \$_____ | License Fee Total: \$_____ |
| Regulatory Fee, if applicable: \$_____ | |

CERTIFICATION

I, _____, the _____ (**Title**) of the business firm named, do hereby register to operate said business with the dominant business activity of _____ (**Business Type**). The signature of an applicant on the Occupational Tax Registration General Information Form of the issuance of an occupation tax receipt to any business shall not authorize that business to violate any regulation, ordinance of the City of Remerton, the State of Georgia or the United States of America, nor shall such signature or receipt relieve any business from any requirement to obtain any license or permit required by ordinance, regulation or law.

I certify that the figures given as basis for taxation are true and correct to the best of my knowledge, that any records subject to inspection shall be available as specified in Chapter 22 Article II of the Occupation Taxes and Regulatory Fees of Remerton, Georgia, and any false information knowingly provided to the government is a felony under O.C.G.A. §16-10-20.

Signature

Title

Date

FOR OFFICE USE ONLY

Tax Year: _____ Certificate Number: _____ Tax Class: _____ E-Verify #: _____

Occupation Tax Fee:

Tax Rate: \$ _____
Gross Receipts: \$ _____
Administrative Fee: \$ 50.00
Regulatory Fee: \$ _____
Professional Fee: \$ _____
Penalty Fee %: \$ _____
Fire Marshal Review \$ 100.00
Total Fee: \$ _____

Payment Details:

Amount Paid: \$ _____ Date: _____
License Process by: _____

Department Approvals

ALL APPLICATIONS REQUIRE APPROVAL BY THE ZONING ADMINISTRATOR, FIRE MARSHAL'S OFFICE, AND BUILDING INSPECTOR.

| <u>Department</u> | <u>Approvals</u> | | <u>Signature</u> | <u>Date</u> |
|---------------------------|-------------------------|------|-------------------------|--------------------|
| Zoning Administrator: | Approve | Deny | _____ | _____ |
| Fire Marshal / Inspector: | Approve | Deny | _____ | _____ |
| Building Inspector: | Approve | Deny | _____ | _____ |