



OCCUPATIONAL TAX REGISTRATION RENEWAL PACKET

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: <u>\$300.00</u>	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	_____	_____