

City of Vidalia, Georgia
Application For City Occupational Tax Certificate

OT
Occupational
Tax

** APPLICATION MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO SUBMITTING FOR APPROVAL **
 PLEASE READ AND TYPE OR PRINT WITH BALL POINT PEN

Business Location		
	New	Renewal
Change of Address		

Business Name : _____

Business Street Address : _____

(Business) Street City State Zip

Telephone : () Tax ID #

Area Code

Business Mailing Address

Street City State Zip

Please list and describe the type of service(s) that will be offered by your business. _____

Does your service require state certification? YES NO

**** IF SERVICES REQUIRE STATE CERTIFICATION, PLEASE PROVIDE A COPY ****

Is this business a home occupation? YES NO

Are there any land covenants or private restrictions relating to this property?
***IF YES, PLEASE PROVIDE A COPY.** *YES NO

Emergency Contact for Police - Please provide two after hours contacts by order of choice.

1. Name Phone
 2. Name Phone

Have you been licensed in this city prior to this year in another business name? YES NO
 If yes, In what name? What year?

Owner Information

Name : Last First Middle

Home Mailing Address : Street City State Zip

Home Street Address : Street City State Zip

(Home) Street City State Zip

Telephone : () Area Code DOB SS# Required

Fee Schedule

(not applicable for change of address)

Administrative Fee	\$70.00
Per Full Time Employee	\$20.00
Part-Time Employees (See description below)	\$20.00

Multiple part time employees whose combined weekly hours total 40, are equivalent to 1 full time
 (For example 2 employees work a total of 20 hours each. 20X2=40 or 1 full time employee)

cap is \$750.00 including admin fee

Administrative Fee	\$70.00
Number of Full Time Employees x \$20.00	_____
Number of part time Employees equivalent to full time x \$20.00	_____
Total Amount Due	_____

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS GROUNDS FOR FINE, REVOCATION OF CERTIFICATE, OR BOTH. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.

 Owner / Manager Signature (for franchise)

 Date

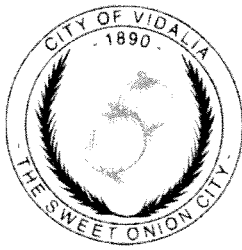
RETURN TO :

City of Vidalia
 P.O. Box 280 Vidalia, Ga. 30475-0280
 (912) 537-7661 (Voice) (912) 537-7708 (Fax)

FOR OFFICE USE ONLY

DATE RECEIVED	ZONE CHECKED*	DATE ENTERED
RECEIVED BY:	CHECKED BY:	ENTERED BY:
	DATE CHECKED	CITY MANAGER:

*If application is in a residential zone the City Manager must approve.



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

By executing this affidavit under oath, as an applicant for a(n)

_____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from

_____ [name of county or municipal corporation], 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) 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) 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

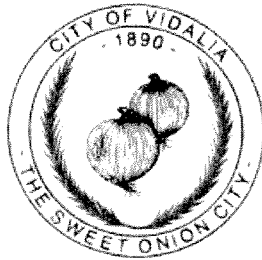
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ___ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:



**CITY OF VIDALIA AFFIDAVIT VERIFYING STATUS
FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Vidalia, Georgia Business License or Occupational 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 Vidalia, Business License, Building Permit or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit 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 of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

* Alien Registration number of 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:



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.