

OCCUPATIONAL TAX

City of Peachtree City
 151 Willowbend Road, Peachtree City, GA 30269
 770-487-7657 www.peachtree-city.org



<i>Office Use Only</i>	
Receipt # _____	
Date Filed: ____/____/____	
Fee: _____	By: _____

Completion of this form does not guarantee issuance of an Occupational Tax Certificate. The City of Peachtree City reserves the right to deny a certificate for documented violations of Peachtree City Codes, delinquent taxes or fees from the business or its owners, or if the business or location fails to meet requirements set forth by the City or applicable state and federal laws. Failure to complete this form in its entirety or provide accurate information will result in rejection of the application.

Office Use Only	STORMWATER VERIFICATION	OK? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____	Date: _____
	ZONING VERIFICATION	ZONING: _____	Signature: _____	Date: _____

BUSINESS INFO	Business Name _____	BUSINESS TYPE
	Doing Business As (DBA) _____ Opening Date: _____	
	Business Description _____	<input type="checkbox"/> Home Based
	<i>Do you collect sales tax?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes Sales Tax Certificate # (9 digit) _____	<input type="checkbox"/> Non-Home Based
	501C\State License# (if applicable) _____ SIC Code: _____	<input type="checkbox"/> Non-Profit\Exempt
	Phone _____ Fax _____	Subdivision\Retail Center\Building:
	<i>Email Required for Every Business*</i> _____	
	Website _____	

BUSINESS LOCATION	Physical Street Address Only - P.O. Box / Mail Box NOT ACCEPTED	MAILING ADDRESS	<i>Mailing Address same as Physical Address?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address _____		Address _____
	Suite _____		City _____ State _____ Zip _____
	City _____		Contact Name _____
	State _____ Zip _____		Contact Phone _____
			Contact Email _____

OWNER	Name _____	MANAGER	Name _____
	Phone _____		Phone _____
	Email _____		Email _____

EMERGENCY CONTACT / KEY HOLDER: Name: _____ Phone: _____

Note: Non-Home Based must register with Fayette County 911. All Alarms must be registered with the Peachtree City Police Department, 770-487-8866.

NON-PROFIT \ EXEMPT	Fee: Annual Administrative Fee Only = \$ 20.00	<i>Is the photocopied documentation attached to this application?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If this business is claiming Non-Profit\Exempt status, photocopied documentation is required at time the application is submitted or renewed.</i>	

FEE	# of Full-Time (40-hr) Employees (Two 20-hr employees = 1 full-time employee)	RENEWAL NOTICE Renewal notices are mailed out each November. If you do not receive a renewal notice, remember it is YOUR responsibility to pay your fee by December 31 for the following calendar year. FAILURE TO RENEW PRIOR TO THE DEADLINE WILL RESULT IN PENALTIES. Payment methods: <u>Cash, Check or Credit Card.</u> <i>*Information provided on this form is subject to disclosure as a public record under the Georgia Open Records Law (excluding email).</i>
	TOTAL OCCUPATIONAL TAX DUE = (SEE CHART ENCLOSED) (Min Payment \$107 Max Payment \$6,176)	

I certify that I am the Owner/Agent of this business and that all information provided as a part of this application is true and correct. If this business is Home-Based as checked above, I certify that I have received a copy of the regulations governing the operation of a home occupation and that I understand these regulations.

Signature of Owner/Agent: _____ Date _____

Office Use Only: E-Verify #: _____ E-Verify Exempt?: _____ Non-U.S. Citizen?: _____



Financial Services
 151 Willowbend Road
 Peachtree City, GA 30269
 Phone: 770-487-7657
 Fax: 770-631-2505
 www.peachtree-city.org

S.A.V.E
Systematic Alien Verification for Entitlements (SAVE)
Affidavit Verifying Status for
City Public Benefit Application

By executing this affidavit under oath, as an applicant/representative, for a City of Peachtree City, 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 Peachtree City Occupational Tax Certificate, Alcohol License or other public benefit

Company Name: _____

Applicant Name: _____

CHOOSE ONLY ONE:

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident* of the United States 18 years of age or older, please include Alien Registration Number here: _____
- 3) _____ I am a 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. Please record identifying number here: _____

* 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.

In making the above statement 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 OCGA Section 16-10-20, and face criminal penalties allowed by such statute.

NOTARIZATION REQUIRED:

 Signature of Applicant/Representative
 (MUST be signed in front of Notary)

 Date of Birth

 Printed Name

 Date

Contact Phone: _____

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

 Notary Public

My Commission Expires: _____



FINANCIAL SERVICES
 151 WILLOWBEND ROAD
 PEACHTREE CITY, GA 30269
 PHONE: 770-487-7657
 FAX: 770-631-2505
 WWW.PEACHTREE-CITY.ORG

E-Verify (All Businesses must complete this form)

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

By executing this affidavit under oath, as an applicant for a Peachtree City (check one):


_____ Occupational Tax Certificate _____ Alcoholic Beverage License

Company Name: _____

Applicant Name: _____

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

Fill out this section:

1. _____ On January 1st of the below signed year the individual, firm, or corporation employed **LESS** than ten (10) employees
2. _____ On January 1st of the below signed year the individual, firm, or corporation employed **MORE** than ten (10) employees. ****please input your e-verify # here**  **** we must have this number if you have 10 or more employees****



_____ E-Verify Company ID Number (all numbers, no alpha)

_____ Date of Authorization

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 above.

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.

 Signature of Applicant/Representative
 (this must be signed in front of notary)

 Date

 Printed Name and Title of Authorized Agent

 Contact Phone Number

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

 Notary Public
 My Commission Expires: _____

FAYETTE COUNTY E 9-1-1 COMMUNICATIONS
EMERGENCY CONTACT FORM

* Not needed
for Homebased
Business

Name of Business: _____

Business Address: _____

Prior Address of Business (if applicable): _____

Business Phone Number: _____

Business Owner(s) Name: _____

Owner(s) Home Phone Number: _____
(Emergency Use Only)

Building Owner: _____

Building Owner's Phone Number: _____

Emergency Contact: (Someone who can gain access to the business after normal business hours in case of: Fire, Burglar Alarm or other emergency.)

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

Please return a copy of this form to:

Fayette County E 9-1-1 Communications
140 Stonewall Avenue, West
Fayetteville, GA 30214
770-461-4357