



BARTOW COUNTY Steve Taylor, Sole Commissioner
Community Development Department Brandon Johnson, Director

Dear License Holder:

Attached you will find your Occupational Tax Certificate renewal application. The completed application along with payment **MUST** be postmarked within 30 days of the expiration date of your current certificate to avoid late fees and penalties. Please complete **ALL** fields of the application. If the field does not apply then indicate accordingly. Incomplete applications **WILL NOT** be considered for renewal. If you are required to be licensed by a State Professional Licensing Board, you must submit a copy of the unexpired license with your renewal application.

Payment can be made by check, cash money order or credit card. If paying by check or money order please make payable to Bartow County Community Development.

NOTICE: If your business is no longer in operation, enter the required information and return to the address below.

Name of Business _____ *Date Closed* _____

License Number _____

Printed Name _____

Signature _____



Occupational License Application

Community Development Department

Will Martin, PE, Director

This application must be filled out **completely** to obtain an occupational license. Please print legibly with ink or type. Payment must be filed with the application. ALL licenses expire one year from the date of issuance. The type of license you are applying for will determine which documents are required. If you have any questions, please contact our office at 770-387-5067. The following list of document(s) may be required with your application:

- Government issued driver’s license or photo I.D. of all applicants and one other secure and verifiable document. (i.e., social security card, birth certificate, passport, permanent resident card, work visa or other immigration naturalization document)
- Copy of Trade Name, LLC or Corporation formation from the Secretary of State and/or County Clerk’s Office showing proof of name registration
- State License regarding business (if applicable)

NUMBER OF EMPLOYEES	TAX LIABILITY
0-1	\$120
2-5	\$210
6-10	\$270
11-50	\$365
51-100	\$435
101-200	\$705
201-500	\$1045
501-1000	\$1715
1001 OR MORE	\$3030
Transfer of license to a new owner or location for same said business is \$10.00. Additional fees may apply. Contact our office for more details.	

For Office Use Only:

OCCUPATIONAL TAX LICENSE #: _____ **NAICS #:** _____

Issued by: _____ **DATE:** _____

This application is being made for () New Business () Renewal of existing license # _____

() Address change for license # _____ () Ownership change for license # _____

Date of Address change: _____ Date of Ownership change: _____

Name of Corporation or LLC: _____

Trade Name or DBA: _____ Business Phone #: _____

Business Address: _____

Mailing Address: _____

Business Email Address: _____

Owner(s) Name: _____ DOB: _____

Owners' Address: _____

Owners' Phone #: _____ Secondary Phone #: _____

List All Partners' Names & DOB: _____

Full description of Business: _____

Is the proposed business a pawnshop, secondhand dealer or precious metals dealer? _____

(If yes, additional permits must be obtained from the Sheriff's Office for the owner and all employees.)

Number of Employees: _____

(Number of employees means the number of persons employed on a full-time position basis or full-time position equivalent basis, provided that for the purposes of this computation an employee who works 40 hours or more weekly shall be considered full-time employee and that the average weekly hours of employees who work less than 40 hours weekly shall be added and such sum shall be divided by 40 to produce full-time position equivalents.)

For ALL LICENSES:

Person Completing the Application: _____ Title: _____

Have you, the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? _____

If yes, please list all dates and locations of the offenses and disposition of charges: _____

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION COULD CAUSE DENIAL OR REVOCATION OF THE LICENSE. I UNDERSTAND THAT AN OCCUPATIONAL TAX CERTIFICATE DOES NOT EXUSE COMPLIANCE WITH ANY OTHER APPLICABLE COUNTY ORDINANCE, DOES NOT VEST RIGHTS TO THE OPERATION OF A BUSINESS, AND MAY BE REVOKED UNDER THE TERMS OF THE BARTOW COUNTY OCCUPATIONAL TAX ORDINANCE, OR FOR VIOLATIONS OF OTHER COUNTY ORDINANCES OR APPLICABLE LAWS, OR IF THE BUSINESS IS PROHIBITED UNDER OTHER APPLICABLE ORDINANCES OR LAWS.

Signature of Applicant: _____ Date: _____

() Owner () Manager () Other

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENT AFFIDAVIT

O.C.G.A. § 50-36-1(e)(2)

Form A: ALL LICENSE HOLDERS (each applicant/responsible resident **MUST** complete a separate affidavit)

By executing this affidavit under oath, as an applicant for a(n) _____, as referenced in O.C.G.A. § 50-36-1, from Bartow County Government, the undersigned applicant verifies **one** of the following with respect to my application for a public benefit:

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 classified 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 may face criminal penalties as allowed by such criminal statute.

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

Printed Name of Applicant

Signature of Applicant

Business Name

Sworn to and subscribed before me this _____ day of _____, _____.

~SEAL~

Notary Public

_____ Date my Commission Expires

Bartow County Occupational License

Private Employer Affidavit of Compliance with the Federal Work Authorization Program Pursuant to O.C.G.A. § 36-60-6(d)

Form B: Less than 10 employees

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs 10 or fewer employees and is not required to register with and/or 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. § 36-60-6.

I hereby declare this statement to be true and correct under penalty of perjury.

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

Printed Name of Exempt Private Employer

Signature of Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

For Notary Use Only

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Signature

~SEAL~

My Commission Expires: _____

Bartow County Occupational License

Private Employer Affidavit of Compliance with the Federal Work Authorization Program Pursuant to O.C.G.A. § 36-60-6(d)

Form C: More than 10 employees

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation named herein employs more than 10 employees and has registered with and utilizes 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:

I hereby declare this statement to be true and correct under penalty of perjury.

Executed on _____, _____, 201____, in _____ (city), _____ (state).

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer/Company

Signature of Authorized Officer or Agent

For Notary Use Only

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Signature

~SEAL~

My Commission Expires: _____