



BUSINESS OCCUPATIONAL TAX CERTIFICATE

Dear City Business Owners:

The **DUE DATE** for a Business Occupation Tax Certificate renewal is January 1st of each year. Renewal Applications are included with this package and available online.

Business Occupation Taxes are based on gross receipts; please make sure to include your **GROSS RECEIPTS** from your most recent filed IRS Federal Income Tax Return. Gross Receipts of **\$0 - \$50K will be a flat fee of \$50.00**. Also, please have **THE SAVE AFFIDAVIT and E-VERIFY FORM** notarized.

APPLICATIONS GUIDELINES

1. **ALL APPLICATIONS MUST BE SIGNED, DATED, AND THE IRS STATEMENT INITIALED. IN ORDER TO PROCESS YOUR LICENSE WITHOUT DELAY, ALL SPACES MUST BE FILLED OUT COMPLETELY. IF NON-APPLICABLE, INSERT (N/A).**
2. A Business Occupational Tax Certificate will be processed **ONLY** when all applicable forms have been completed and returned with the application.
3. Please attach all applicable forms. Application will not be processed if forms are not attached.
 - a. Copy of your state license if your business is required to be licensed by the State of Georgia.
 - b. Convenience Stores: Copy of the latest Dept. of Agriculture License.
 - c. Restaurants: Copy of current Health Department Inspection Grade Certificate.
4. **PENALTIES AND INTEREST** will be applied beginning **APRIL 1st** of each year for late payments.

Applications must be renewed annually; this is the business owner's responsibility.



**BUSINESS OCCUPATIONAL TAX
CERTIFICATE APPLICATION**
(This is NOT a License)

ALL INFORMATION MUST BE COMPLETED AND SIGNED

NAME OF BUSINESS: _____ CERTIFICATE YEAR: _____

PHYSICAL LOCATION OF ABOVE BUSINESS: _____

MAILING ADDRESS: _____

THIS BUSINESS IS TO BE MANAGED BY: _____

OWNER OF BUSINESS: _____

FEI NUMBER: _____ SALES TAX NUMBER: _____

DOES THIS BUSINESS REQUIRE A STATE LICENSE: _____ (IF YES) DATE EXPIRES: _____
(PLEASE ATTACH A COPY OF YOUR STATE LICENSE OR CERTIFICATION)

DESCRIBE THE NATURE OF BUSINESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____ FAX #: _____

HOME ADDRESS: _____ 24 Hour #: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____

PLEASE FILL IN THE FOLLOWING INFORMATION TO BE USED IN THE COMPUTATION OF FEES:

The occupation business tax is based on the total gross receipts of the business.

For Gross Receipts <u>under</u> \$50,000.00 use flat rate only		_____	\$50.00
Gross Receipts: _____ (-50,000.00) x (call for rate)	=	_____	
Administrative fee	=	_____	\$50.00
Penalty (after April 1)	Subtotal x 10%	_____	
Interest (monthly after April 1)	1 %	_____	
TOTAL		\$ _____	

Professional practitioners may select to pay a computed fee based on gross receipts or a per practitioner fee of \$400. If per practitioner fee is chosen, please submit a separate application for each practitioner.

The IRS has issued a ruling that a copy of your Federal Income Tax Return may be required to be attached to your Business Occupational Tax Certificate Application. _____ (Please initial)

PLEASE ENCLOSE PAYMENT WITH APPLICATION. LICENSE WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED. Questions: Grace Smith-Orr (912) 756 – 2846.

SIGNATURE

TITLE

DATE



**CITY OF RICHMOND HILL
LAWFUL PRESENCE AFFIDAVIT**

Pursuant to O.C.G.A. § 50-36-1, all persons who - either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity - apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. § 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

___ I am a United States citizen, or

___ I am a legal Permanent Resident of the United States, or

___ I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A. § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature Date

Title *Alien Registration # for Non-citizens _____

Business Name TIN or SSN _____

Applicant must submit a notarized copy of this affidavit.

Notarized this _____ Day of _____, in the State of _____,
County of _____

Notary 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:

_____ Another Identifying Number



CITY OF RICHMOND HILL-PRIVATE EMPLOYER AFFIDAVIT

Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for a 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 the City of Richmond Hill, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:

1. Fill out this section after December 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 (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).

2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, 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 listed below:

_____ Date of Authorization
Federal Work Authorization User Identification Number

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false statement, 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 by such statute.

Executed on the ____ day of _____, 20____ in _____ (City), _____ (State)

Signature of Authorized Officer or Agent Business Name

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC My Commission Expires



**HOME BUSINESS
AFFIDAVIT**

The term “*Home Business Office*” applies to an office within a dwelling which is secondary to the use of the structure for dwelling purposes. The office may be service or trade workers who customarily work at different locations, such as electricians, plumbers, appraisers, or individuals who work at home, such as writers or computer programmers. Home business (telephone use only) offices are not offices for customer servicing. Customers are prohibited from visiting the office and there may be no signs indicating the presence of such an office on the premises.

The term “*Home Occupation*” applies to an occupation customarily carried on within a home by the owner or spouse of the owner for gain or support, involving the sale of only those articles, products, or services produced on the premises, conducted entirely within a dwelling unit and conducted entirely by persons residing in that dwelling unit, using only that equipment as it customarily found in home and involving no display of articles or products. The floor area normally used to conduct said operation or profession does not exceed 25% of the total floor area of the home. There shall be no change to the exterior of the building or premises. No traffic shall be generated in greater volume than would normally be expected in a residential neighborhood; no mechanical equipment is used or activity is conducted which creates any dust, noise, odor, or electrical disturbance beyond the confines of the lot on which said occupation is conducted. No such business shall be conducted in an accessory building.

**I HAVE READ AND I FULLY UNDERSTAND THE ABOVE REQUIRMENTS FOR A HOME BUSINESS OFFICE/
HOME OCCUPATION AND AGREE TO CONDUCT MY BUSINESS UNDER THESE REQUIREMENTS.**

SIGNATURE

DATE

PLEASE GIVE MORE INFORMATION ABOUT THE NATURE OF YOUR BUSINESS BELOW.

ATTACH ADDITIONAL PAGES IF NECESSARY.

1. Circle: Home Business Office *or* Home Occupation
2. Name and address of business: _____
3. Type of business and services offered: _____
4. Will customers come to the home? If yes, frequency. _____
5. Will deliveries be made to the home? If yes, frequency. _____
6. Will you store materials/equipment? If yes, describe. _____
7. Will commercial vehicles be parked at the home? If yes, describe. _____