2025 Occupation Tax (Business License) Renewal

PO Box 21, Clarkesville, GA 30523

706-754-4216

Business Information		
Legal Business Name:		
DBA:		
Business 911 Address:		Home Based Business: ☐Y ☐N
Mailing Address:		Business Phone #:
Main Business Email:		Number of Employees:
Business Description:		NAICS #:
Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Non-Profit #_____		
FEIN or SSN:	Estimated Gross Annual Sales:	
GA Sales Tax #:	GA ID#:	E-Verify #:
Is this business required to have a State Board license? ☐Yes ☐No *Copy of license required		
Is this business a restaurant or food service? ☐Yes ☐No *Copy of permit required		
Business Owner Information (Complete for each Owner)		
Owner Name:	Phone:	
Address:	Email:	
Owner Name:	Phone:	
Address:	Email:	
Manager or Emergency Contact Information		
Name:	Phone:	
Address:	Email:	
Building Information		
Owner Name:	Owner Email:	
Owner Phone:	Building Insured By:	
☐ **Business Has Closed**	**Date Business Closed:**	
I do hereby certify that the information given above is correct and true to the best of my knowledge and that I am duly authorized by the business named to file this application.		
Signature:	Title:	Date:

CALCULATION OF LICENSE FEE

Include each owner as a full-time employee. Each part-time employee is a half.

0-2.5 Employees: $80.00

3-6.5 Employees: $125.00

7-12.5 Employees: $175.00

13-20.5 Employees: $225.00

20 or More Employees: $300.00

Nonprofit Organizations are Exempt From Fees. An IRS Certification Letter Must Be Submitted.

Sec. 18-34. Occupation Tax Certificate

(a) Display. Every business, practitioner, and location subject to payment of this occupation tax levied by this article shall display a current occupation tax certificate in a conspicuous place at the location for which such certificate was issued. If the taxpayer does not have a permanent location within the City, the occupation tax certificate shall be shown to any police officer, the City Manager, or the City Clerk upon request.

Sec. 18-43. Date Due; Penalty

(a) Any occupation tax or regulatory fee due according to this article shall be due and payable annually on January 1st. If any person commences business or initially engages in a regulated activity in the City after January 1st in any year, the tax and or fee shall be due and payable on the date of the commencement of the business or regulated activity.

(b) Any individual, business, or practitioner subject to any occupation tax or regulatory fee imposed by this article which is unpaid for 90 days after the date on which payment was due shall be subject to a penalty of ten percent of the tax or fee due. (Ord. No. 14 § XIV, 11-61995)

Helpful Information:

To apply for your State Sales Tax Identification Number online go to http://gtc.dor.ga.gov.

To apply for your State Taxpayer Identification Number online go to Http://dor.georgia.gov.

To apply for your Federal Employee Identification Number (FEIN) go to http//www.irs.gov.

To enroll in E-Verify and receive your E-Verify number go to www.uscis.gov/e-verify.

Thank you for your investment in the City of Clarkesville. We look forward to continuing to work with your business.

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a Business License, as referenced in O.C.G.A. § 50-36-1, from the City of Clarkesville, 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 face criminal penalties as allowed by such criminal statute.

Executed this the _____ day of _____, 20____ in_____(city), _____(state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____DAY OF _____, 20____

_____
NOTARY PUBLIC

My Commission Expires: _____

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application 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):

Section 1.

Please check only one. To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

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

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer/Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20____.

_____
NOTARY PUBLIC

My Commission Expires: _____