



**2021 RENEWAL APPLICATION for OCCUPATIONAL TAX CERTIFICATE (OTC)**

**For renewals with NO change in location, ownership, or name of business. Businesses who need Alcohol Sales renewals should submit this form as well as the Alcohol Sales packet in its entirety, which is available at [www.cityofflemington.org](http://www.cityofflemington.org).**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Description: \_\_\_\_\_

Owner: FEIN: \_\_\_\_\_

# of Employees	Fee
1-5	\$100
6-15	\$200
16-30	\$300
31-50	\$400
51+	\$500

This application is for administrative use in determining occupational taxes only.  
 It does not grant any rights to operate a business contrary to any City ordinances, including zoning ordinances.  
**PLEASE TYPE OR PRINT CLEARLY – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

This application is for OTC renewals with NO change in location, ownership, or name of business. Any changes to location, ownership or name of business will require a new OTC application. Renewal applications are **accepted beginning November 1** of the prior renewal year and are **due by December 31**. Late applications are subject to penalties and interest. **No renewals are accepted after June 30**. Businesses failing to renew by June 30 of the renewal year are required to submit an application for a new OTC and are subject to penalties and interest.

**All required information described below must be received to begin to process your OTC renewal.**

- Completed **Renewal Application for OTC**
- Copy of applicant's **State- or Federally-issued Photo ID**
- If license is required by State of Georgia, copy of **Individual or Business State License**
- Occupational Tax Payment with Application**
- Your Occupational Tax calculation is based on your number of employees. Renewal applications must be received in person at Flemington City Hall, 156 Old Sunbury Rd, Flemington, GA 31313 **OR** by mail. Personal or business checks are accepted. Cashier's checks or money orders should be made payable to "City of Flemington". Only **EXACT CASH** can be paid at City Hall.

**Occupational Tax Calculation**

<b>Line 1 – ACTUAL Number of Employees in 2020:</b> _____	Number of Employees	\$ _____	\$ _____	From Table
<b>Line 2 – Administrative Fee per OTC/Permit: :</b> _____	# of Licenses/Permits	+X	<b>\$25.00</b>	\$ _____
<b>Enter total from lines 1 &amp; 2 :</b> _____				\$ _____
				<b>Total Due</b>

I elect to pay a flat fee.

	<b>\$ 300.00 + \$25.00</b>	<b>\$325.00</b>
	Flat Rate per professional	Total Due

I understand that: Individuals, businesses and practitioners who fail or refuse to make a timely or truthful tax return or make available truthful and accurate information the City requests or requires for determining applicability or amount of occupation tax, or for levying or collecting such occupation tax shall be subject to the imposition by the City of Flemington. Individuals, businesses and practitioners doing business in the City shall submit to the City Clerk, or his or her designee, or make available to the City within thirty (30) days such information as may be required or requested by the City to determine the applicability and amount of the occupation tax or to facilitate levying or collecting the occupation tax.

I do solemnly swear or affirm that I have answered all questions truthfully and understand that any false statements made on this return may result in revocation of the Occupational Tax Certificate issued by the City of Flemington.

Owner or Officer's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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

By executing this affidavit under oath, as an applicant for a City of Flemington, Georgia Business License or Occupational Tax Certificate, Alcohol License, Permit or other public benefit as referenced in O.C. G. A. Section §50-36-1, I am stating that following with respect to my application for an Occupation Tax Certificate for: \_\_\_\_\_ [Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

- I am a United States citizen, **OR**
- 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.

\*Copy of **Alien Registration Card**

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 Annotated.

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Must be signed in the presence of a Notary*

\* \_\_\_\_\_

Alien Registration Number for Non-Citizens

**PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE PURSUANT TO O.C.G.A. § 36-60-6(d)**

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 employs **more than ten 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 to its federal work authorization user identification number and date of authorization.  **Check this box if you have less than 10 employees and are exempt from E-Verify requirements. In either case, this form MUST be notarized.**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 E-VERIFY FEDERAL WORK AUTHORIZATION USER IDENTIFICATION NUMBER      NAME OF PRIVATE EMPLOYER      DATE OF AUTHORIZATION

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

Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
CITY STATE

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED OFFICER OR AGENT

\_\_\_\_\_  
 PRINTED NAME AND TITLE OF AUTHORIZED OFFICER OR AGENT

*\*Must be signed in the presence of a Notary*

SUBSCRIBED AND SWORN BEFORE ME

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

(Seal)

My commission expires: \_\_\_\_\_

STAFF USE ONLY	DATE	NOTES:
Complete Application Received:		
Occupational Tax Paid:	\$	
Documents/Licenses Required:		<input type="checkbox"/> Food Services <input type="checkbox"/> State License <input type="checkbox"/> ID <input type="checkbox"/> Pickup <input type="checkbox"/> Mailed
OTC Issued: #		
*Notes:		<input type="checkbox"/> <input type="checkbox"/>