



# CITY OF FLEMINGTON

156 Old Sunbury Rd.  
Flemington, GA 31313  
912-877-3223

cityhall@cityofflemington.org

APPLICATION TYPE:       NEW       RENEWAL

## APPLICATION FOR OCCUPATION TAX CERTIFICATE (BUSINESS LICENSE)

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

FEDERAL ID# OR SSN# \_\_\_\_\_

E-VERIFY # \_\_\_\_\_

SALES TAX # \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

MANAGER NAME \_\_\_\_\_

MANAGER PHONE # \_\_\_\_\_

MANAGER EMAIL \_\_\_\_\_

# OF EMPLOYEES \_\_\_\_\_

I ELECT TO PAY A FLAT FEE FOR PROFESSIONALS. *\*See Definition on Supporting Documentation.*

I AM A PEDDLER/TRANSIENT MERCHANT. (3 CONSECUTIVE DAYS & UP TO 3 EMPLOYEES)

OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

OWNER'S PHONE # \_\_\_\_\_

OWNER'S EMAIL \_\_\_\_\_

(For more than one owner, please use a separate sheet of paper.)

**IF YOU ARE REQUIRED TO HAVE STATE CERTIFICATION, A COPY OF THAT CERTIFICATION MUST BE SUBMITTED WITH THIS FORM.**

NUMBER OF EMPLOYEES	TAX	ADMIN FEE	TOTAL DUE
1-5	\$100.00	\$25.00	\$125.00
6-15	\$200.00	\$25.00	\$225.00
16-30	\$300.00	\$25.00	\$325.00
31-50	\$400.00	\$25.00	\$425.00
51+	\$500.00	\$25.00	\$525.00
PROFESSIONALS	\$300.00	\$25.00	\$325.00
PEDDLER/TRANSIENT	\$250.00	\$25.00	\$275.00





## O.C.G.A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax License as referenced in O.C.G.A. § 50-36-1, from the City of Flemington, the undersigned applicant verifies one of the following with respect to any application for 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SIGNED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ 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, 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 Flemington, 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 July 1, 2013.**

- a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed **more than ten employees.**
- b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **less than ten 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:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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

SIGNED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_  
MY COMMISSION EXPIRES:



## SUPPORTING DOCUMENTATION

### BUSINESS TYPE

### REQUIRED DOCUMENTS

ALL

Photo ID (Driver's License or Passport)  
Private Employer Affidavit  
\*State License if Required by the State

Food Service

Dept. Of Environmental Health Certificate (Food Service Permit) or (Bar Permit)

Professional Licenses

State License  
I.e., physicians, lawyers, architects, engineers, dentists and nurses, CPA's, etc.

*\*Only practitioners listed in O.C.G.A §48-13-9(c) can pay the flat fee, which includes: Lawyers, Physicians, Osteopaths, Chiropractors, Podiatrists, Dentists, Optometrists, Psychologist, Veterinarians, Landscape architects, Land Surveyors, Practitioners of Physiotherapy, Public Accountants, Embalmers, Funeral Directors, Civil, Mechanical, Hydraulic, or Electrical Engineers, Architects, Marriage and Family Therapists, Social Workers, and Professional Counselors.*

Construction Trade Licenses

State License  
I.e., plumbers, electricians, residential basic and light contractors, well drillers, pest control, low voltage electricians, etc.

Corporation

Incorporation documents

Hotel/Motel

Tourist Accommodation Permit, Pool Permit, Food Service Permit

Barber, Beauty or Nail Shop

Each type of shop must possess the following 3 items:  
•State Board of Barber/Cosmetology Shop License  
•State License for each practitioner  
•Apprentice certificate for each trainee (if applicable)

Pawn Shop

Firearm Sales Certificate