

**City of Blairsville
P.O. Box 307
Blairsville, GA 30514
(706)745-2000 PHONE
(706) 745-7326 FAX
Blairsville-ga.gov**

CHECK OFF LIST FOR OCCUPATIONAL TAX LICENSE

- Occupational Tax License Application
- Affidavit for Legal Resident for each owner, partner or employee completing the application
- Official Addendum to Business Occupancy License Application (Dept of Revenue)
- Private Employer Affidavit for E-Verify

**ALL APPLICATIONS MUST BE
SUBMITTED BY THE MONDAY, ONE
WEEK BEFORE THE MONTHLY
COUNCIL MEETING GENERALLY HELD
THE 2ND TUESDAY OF EACH MONTH**

Occupational Tax Certificate Application
City of Blairsville
PO Box 307
Blairsville, GA 30514
(706)-745-2000 Phone, (706)-745-7326 (Fax)

Business Name:	Date:
Physical Address:	Phone Number:
Business Type:	Emergency Phone Number:
Owner's Name:	Owner's Mailing Address:
Estimated Number of Employees:	Partnership: Yes <input type="checkbox"/> No <input type="checkbox"/>
Partner's Name:	Partner's Mailing Address:
Incorporated: List of Corporate Officers: _____ _____ _____	_____ _____ _____
I certify the above information is true and correct. _____ Signature of Applicant	Verification of identity by Clerk. <input type="checkbox"/> Clerk's Initials: _____

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, 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 _____, 201__ in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 201__

NOTARY PUBLIC

My Commission Expires:

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):

Mailing Address if Different From the Physical Address:

Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:

Sales Tax ID #, if Your Business is Required to Have One by Law:

Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.



Private Employer Affidavit of Compliance 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:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*****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/ Business Name

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

_____ day of _____, 2020___ in _____ (city), _____ (state)

Signature of Authorized Officer of Agent (must be signed before a notary)

Printed Name and Title of Authorized Officer of Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 201____.

NOTARY PUBLIC

My Commission Expires: _____

NOTARY SEAL

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of city, state, or country in which they are based, working at least 35 hours.