

TOWN OF SHARPSBURG

Town Hall

105 Main Street
P.O. Box 397
Sharpsburg, GA 30277
Phone: (770) 251-4171
www.sharpsburg-ga.gov



December 12, 2024

Dear Business Owner:

We hope that you all have prospered this past year in your respective businesses within the Town of Sharpsburg. 2025 is quickly approaching and it is time to renew your Occupational Tax Certificate (business license).

If you are operating a business within the town limits of Sharpsburg, you are required to obtain an occupational tax (business license) certificate. This also applies to home occupations. Occupational Tax/Certificates of Registrations run on a calendar year (January through December). **Your application is due by Thursday, January 30, 2025.** We allow a grace period through February 16, 2024, to renew. Renewals not received by 3:00PM on Thursday, February 14, 2025, are late and subject to penalties and interest. All licenses will be based on gross receipts. Per our amended Occupational Tax Ordinance adopted on November 7, 2011.

Per Ordinance 11-09 Sec.46-76 (a-b):

An occupation tax shall be levied upon those businesses and practitioners of professional and occupations with one or more locations or offices within the corporate limits of the Town of Sharpsburg or upon the applicable out-of-state businesses with no location or office in Georgia pursuant to O.C.G.A §48-13-7 based on the following criteria:

Gross receipts of the business or practitioner in combination with the profitability ratio of the type of business, profession or occupation as measured by nationwide averages derived from statistics, classification or other information published by the United States Office of Management and Budget, the United States Internal Revenue Service or successor agencies of the United States.

Please complete the enclosed forms by Wednesday, January 31, 2024. Based on the information you provide the Town of Sharpsburg will calculate your estimated 2024 Occupational Tax. Remember to include all the items on the enclosed checklist that

apply to your business activity. To avoid a late penalty, all occupational taxes must be paid no later than Thursday, February 14, 2025.

After you submit your application and payment your 2025 business license will be available to be picked up at Town Hall.

Please note: Town Hall will be closed from Monday, January 13, 2025 until Tuesday, January 21, 2025 for refurbishing. Please take this into consideration before calling or coming in. Appointments are appreciated.

If you have any questions, please contact us at (770)251-4171.

Sincerely,

A handwritten signature in black ink that reads "Floyd L. Jones". The signature is written in a cursive style with a horizontal line at the end.

Floyd Jones

Town Administrator

sharpsbur@sharpsburg-ga.gov



2025 Occupational Tax License

Checklist of Required Documents

Please have your application fully completed before submittal to us, along with the required documents below:

- **New for 2025 Coweta County 911 Emergency Information Update (instructions and form attached)**
- **New for 2025 E-Verify registration. If you have 10 or more full-time employees you must register federally at:
<https://www.e-verify.gov/employers/enrolling-in-e-verify>
Georgia law requires you to provide us with that information.**
- **Copy of Certificate of Incorporation, LLC**
- **Food Service Permit**
- **Copy of State License**
- **Proof of ownership of building or home**
- **Signed copy of lease, if renting**
- **State or federal license or registration**
- **Photo ID (i.e., GA Driver's License)**
- **Affidavit for US Citizens or Legal Permanent Residents (attached)**
- **Private Employer Affidavit (attached)**

TOWN OF SHARPSBURG

105 Main Street
Sharpsburg, GA 30277
(770) 251-4171

2025 OCCUPATIONAL TAX APPLICATION

Mailing Address:
PO Box 397
Sharpsburg, GA 30277

CERTIFICATE # ISSUED: 25-_____

INSTRUCTIONS:								
<ul style="list-style-type: none"> Please fill in all information COMPLETELY Type or Print with ball point pen Provide copy of driver's licenses & affidavits for all owners, partners, and members Renewals filed after Monday, February 20, 2023 are considered late and penalty fees will be imposed 				NAICS#: NEW: _____		SIC CODE: RENEWAL: _____		
BUSINESS NAME			BUSINESS LOCATION (street address and zip code, no PO Box)			BUSINESS		
ESTIMATED GROSS RECEIPTS		# OF EMPLOYEES	GEORGIA SALES TAX #	STATE LICENSE #		FEIN #		E-VERIFY #
\$								
MAILING/CONTACT INFORMATION FOR BUSINESS →		ATTENTION:		BUSINESS MAILING ADDRESS, CITY, STATE, ZIP CODE (if different)			BUSINESS PHONE #	
→		BUSINESS FAX #		EMAIL			WEB ADDRESS	
TYPE: CHECK ONE →		<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER		PRINCIPAL OFFICE / CORPORATE NAME		STREET or PO BOX		CITY, STATE, ZIP CODE
OWNER NAME		STREET		CITY, STATE, ZIPCODE		PHONE #		EMAIL
OWNER NAME		STREET		CITY, STATE, ZIP CODE		PHONE #		EMAIL
OWNER'S SIGNATURE:						DATE:		

Internal Use Only Date Paid: _____ Amount Paid: \$ _____ Payment Method: Cash _____ Check/# _____ Card _____

Tax Class: _____ Tax rate per \$1,000: _____ Admin Fee: **\$25.00** Amount Due: \$ _____ Processed by: _____ Date: _____

TOWN OF SHARPSBURG

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

By executing this affidavit under oath, as an applicant for a(n):

_____ Occupational Tax Certificate

_____ Alcohol License

_____ Other

document to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the **Town of Sharpsburg**, the undersigned applicant representing the private employer known as (print name of employer): _____ verifies one of the following with respect to my application for the mentioned document:

1. Fill out this section on or after July 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.

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines establishes in O.G.G.A. § 13-10-90. The undersigned private employer also attests that it federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

Signature

TOWN OF SHARPSBURG

Affidavit for United States Citizens & Legal Permanent Residents

Instructions: As required by Official Code of Georgia § 50-36-1 (d)(1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a United States Citizen or legal permanent resident is required to either a United States citizen or legal permanent resident is required to execute this Affidavit under oath before a notary public.

Affidavit "A"

I, _____, first being duly sworn do swear or affirm under penalty of perjury that I am a United States citizen or legal permanent resident 18 years of age or older. Any person who knowingly and willfully make a false, fictitious, or fraudulent statement or representation in this Affidavit shall be guilty of a violation of Official Code of Georgia §16-10-20.

Sworn and Subscribed

Signature

Before me this _____ day of _____, 2025.

Notary Public

My commission Expires: _____

Seal

Town of Sharpsburg
Affidavit for United States Citizens
& Legal Permanent Residents (continued)

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 allowed by such statute.

Sworn and Subscribed

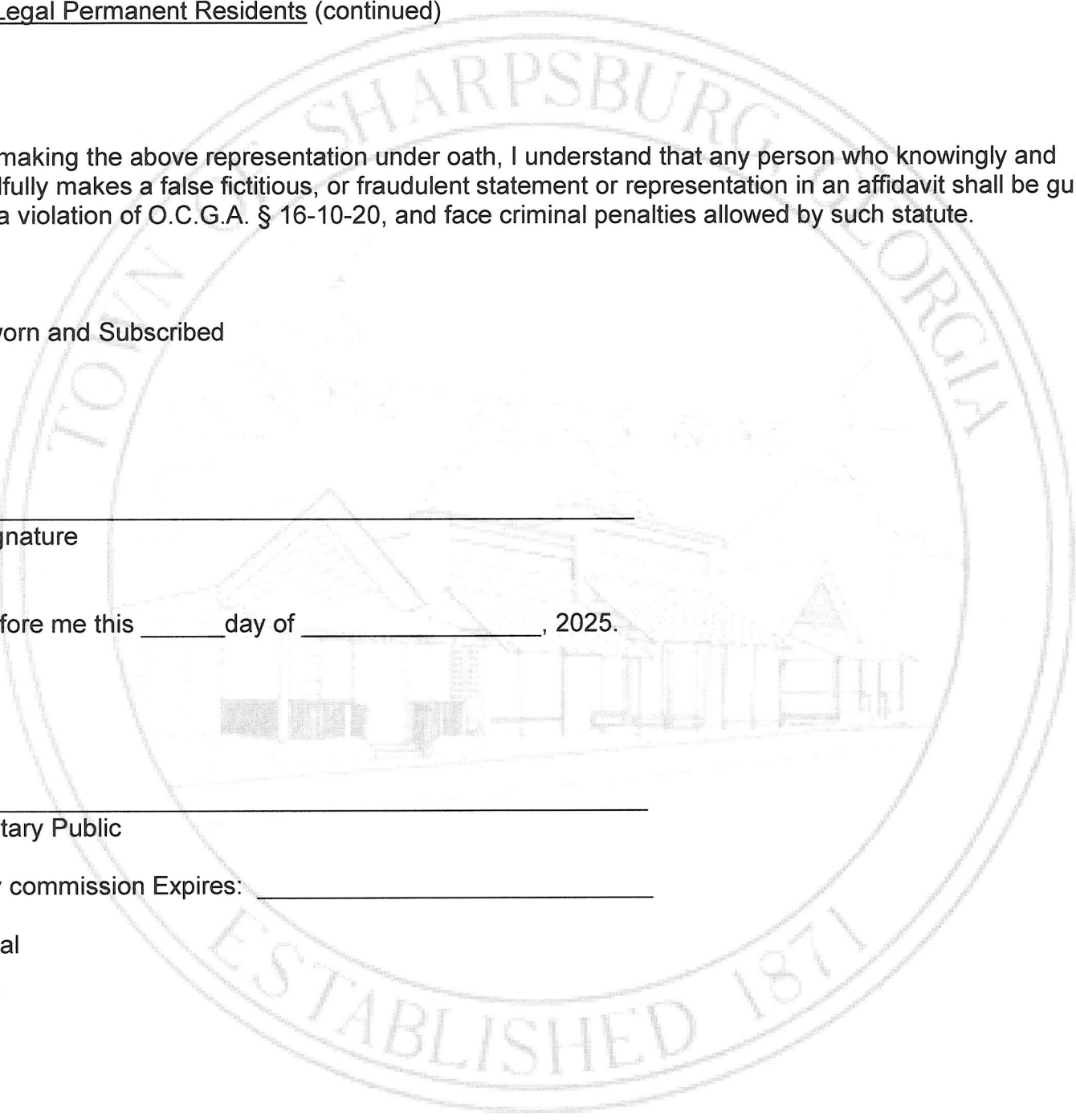
Signature

Before me this _____ day of _____, 2025.

Notary Public

My commission Expires: _____

Seal



Coweta County Business Emergency Information Update

Coweta County 911/Emergency Management and the Coweta Business & Alcohol License Division are updating the business license emergency database at the 911 call center. It is crucial that all business owners complete and return the following form to the designated contact persons responsible for updating these records. In case of an emergency occurring after normal business hours, please do not list the business phone number as an emergency contact.

Non-Emergency Contact Information:

911/Emergency Management

Coweta County Government

195 International Park

Newnan, GA 30265

Phone: 770-254-5809

Fax: 770-254-8533

Email: bganey@coweta.ga.us

Email: nstorm@coweta.ga.us

Important Notes:

- It is your responsibility as a business owner to keep this information updated.
- Correct information is crucial for 911 dispatchers to accurately send Public Safety to the correct location or contact the appropriate person during emergencies.
- If your business changes location, please contact the Business & Alcohol License Division for further instructions.

Your cooperation in updating this information is greatly appreciated. For any assistance or questions, please contact the Coweta County Emergency Management Department at the provided non-emergency phone number or email addresses.



COWETA COUNTY

911/EMA

195 International Park
Newnan, GA 30265
(voice) 770-254-5809
(fax) 770-254-8533

EMERGENCY BUSINESS LISTING INFORMATION

(FORM MUST BE FILLED OUT COMPLETELY)

COMMERCIAL HOME BASED RURAL SPECIAL USE

BUSINESS NAME: _____ DATE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS CONTACT/MANAGER: _____ CONTACT NUMBER: _____

MAILING ADDRESS: _____

NAME AND TELEPHONE NUMBER OF ALARM COMPANY: _____

NORMAL HOURS OF OPERATION: _____

Is there an Automatic External Defibrillator (AED)? YES NO If Yes:

Make: _____ Model: _____ Serial # _____

Location of AED: _____

IN CASE OF EMERGENCY CONTACT

(AT LEAST THREE PEOPLE AT DIFFERENT LOCATION WITH PHONE NUMBERS)

***PLEASE DO NOT USE THE BUSINESS PHONE NUMBER**

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ E-MAIL: _____

COMMENTS: _____
