

Town of Sharpsburg OCCUPATIONAL TAX APPLICATION

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

NEW: _____
RENEWAL: _____

Number of Employees: _____

Please Fill in All Information COMPLETELY **CALENDAR YEAR: 2020**
Please Type or Print with Ball Point Pen Penalty for failure to file for renewal by February 18th each year
Certificate # Issued _____ NAICS Code _____

GEORGIA SALES TAX NUMBER	STATE LICENSE NUMBER
FEIN	E-VERIFY NUMBER

BUSINESS NAME:		BUSINESS LOCATION STREET ADDRESS and ZIP CODE (not a PO Box)		BUSINESS DESCRIPTION:	
MAILING/CONTACT INFORMATION FOR BUSINESS →	ATTENTION:	BUSINESS MAILING ADDRESS, CITY, STATE, ZIP CODE (if different)		BUSINESS PHONE #	
ADDITIONAL CONTACT →	BUSINESS FAX #	BUSINESS WEB ADDRESS		EMAIL	
LICENSEE TYPE: CHECK ONE →	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> OTHER	PRINCIPAL OFFICE AND CORPORATE NAME	STREET OR PO BOX	CITY, STATE, ZIPCODE	
PLEASE PROVIDE COPY OF DRIVERS LICENSE AND CITIZENSHIP AFFIDAVITS FOR ALL OWNERS, PARTNERS AND MEMBERS	OWNER NAME	STREET	CITY, STATE, ZIPCODE	PHONE #	
	OWNER NAME	STREET	CITY, STATE, ZIPCODE	PHONE #	
	OWNER NAME	STREET	CITY, STATE, ZIPCODE	PHONE #	

Owner's Signature: _____ Date: _____

Internal Use Only Date Paid: _____ Amount Paid: \$ _____ Payment Method: Cash _____ Check _____ Check # _____
Inspection Results: _____ Processed By: _____ Date Processed: _____

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

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 _____, 20_____;

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 _____, 20_____;

Notary Public

My commission Expires: _____

Seal