



SCREVEN COUNTY
OCCUPATIONAL TAX CERTIFICATE

Calendar Year: 2024

RENEWAL NEW BUSINESS OUT OF BUSINESS
Date Closed: _____

Business Name: _____

Owner of Business: _____

Location of Business: _____
(Street Address) (City) (State) (Zip Code)

Mailing Address (if different): _____
(Street Address) (City) (State) (Zip Code)

Phone Number: _____ Email Address: _____

Are you the owner of the property where the business is being conducted? YES [] NO []

*(IF NO, a letter **MUST** be provided from the property owner giving permission for a home occupation license)*

Property Owner/Address/Phone: _____

Description of Business: _____

Do you have more than one location for this business? YES [] NO []

If yes, what is the address of the other locations: _____

Will your business require customers or clients coming onto the property? YES [] NO []

Is a state certification required for the type of business conducted? YES [] NO []

If yes, note your State Certification Number & Expiration date:

Number of Employees: (including self) Part-Time: _____ Full Time: _____

Tax Identification#: _____ E-Verification#: _____

I certify that I have provided complete and accurate information. I understand that failure to comply with the occupation requirements may result in revocation of my Occupational Tax Certificate.

Applicant Signature _____ **Date:** _____

Occupational Tax Pay Scale

The rate is based on the number of employees.

<u>#EMPLOYEES</u>	<u>TAX RATE</u>
1-3	\$50.00
4-7	\$100.00
8-12	\$150.00
13-18	\$200.00
19-25	\$250.00
26 & ABOVE	\$300.00

WE DO NOT ACCEPT CREDIT CARD PAYMENTS. ONLY, CASH CHECK OR MONEY ORDER PAYMENTS ARE ACCEPTED.

***PLEASE MAKE CHECK OR MONEY ORDER PAYMENTS, PAYABLE TO THE SCREVEN COUNTY BOARD OF COMMISSIONERS (SCBOC).**

State of Georgia
Screven County

AFFIDAVIT-Property Owner

Under oath and penalty of perjury, I (we) _____

represent to the Screven County Planning Commission that I (we) am/are the owner(s) of the tract of land

described as: (complete legal description not required) _____

I (Land Owner) _____ give (occupant) _____,
permission to use my address at _____
for his/her business location.

I (We) have complete authority and all powers associated with the fee simple ownership of this land
Sworn and subscribed this ____ day of _____ 2 ____.

Name

Address

L.S.

(Sign here)

Name (please type or print)

Sworn to and subscribed before me this _____ day of _____ 2 ____.

Notary Public for the State of _____

My Commission expires _____

(SEAL)

SCREVEN COUNTY PUBLIC BENEFIT AFFIDAVIT

By executing this affidavit under oath, as an applicant for an Occupation Tax Certificate, Alcohol License, Taxi permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, from Screven County, Georgia, 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/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 a guilty of a violation of O.C.G.A. 16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in Sylvania, Georgia,

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THE _____ 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, 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

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 _____, _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires: _____

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 the city, state, or country in which they are based, working at least 35 hours a week.