Town of Gay
PO. Box 257
Gay, Georgia 30218
Phone: (706) 538-6097
Fax: (706) 538-1444

19125 Hwy 85
Gay, Georgia 30218

Date Filed: _____
License No: _____
C/O No: _____
State Cert. No.:_____
(If Applicable)

OCCUPATION/BUSINESS TAX APPLICATION

REASON FOR APPLICATION (Check One)

☐ Renewal ☐ New Business Started ☐ Existing Business Purchased ☐ Previous
☐ Taxed at Other Municipality ☐ Name Change ☐ Other _____

Business Name:_____

Location of Business: _____
Number and Street (room, apt or suite no.) City State Zip

Mailing Address : _____
Number and Street (room, apt or suite no.) City State Zip

Date bus. started at location (mm/dd/year): _____ Federal ID: _____

TYPE OF OWNERSHIP (check one) ☐ Sole Prop. ☐ Partnership ☐ Corp. ☐ LLC

☐ Other _____ Contractor? ☐ Yes ☐ No

Business Phone:_____ Emergency Contact: _____

PLEASE FILL IN RESIDENTIAL INFORMATION (Owner(s) of business, Officers, each Partner limited or otherwise, etc)

☐ Owner ☐ Partner ☐ President ☐ Other _____

Name: _____ Social Security #: _____

Date of Birth: _____ Driver's Lic # _____State _____

If a management company operates this location, please list name and address of company and contact person.

Name Number and Street (room, apt or suite no.) City State Zip

DETAILED EXPLANATION OF BUSINESS ACTIVITY TO BE CONDUCTED AT THIS LOCATION

APPLICATION FEE $5.00 **LICENSE FEE $30.00**

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) employees[1].

*** 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.

Verification of Lawful Presence with the United States

By executing this affidavit under oath, as an applicant for a(n) _____ [type of public benefit], as reference in O.C.G.A §50-36-1, from _____ [name of government entity], 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 (f) (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 in _____ (city), _____ (state)

_____

Signature of Applicant

_____

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ONTHIS THE

_____ DAY OF _____, 20 ____

_____

NOTARY PUBLIC

My Commission Expires: _____

Updated July 21, 2017