

# CITY OF BLACKSHEAR

## Business License Application Occupational Tax Return

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

GA SALES TAX NUMBER: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S HOME ADDRESS: \_\_\_\_\_

OWNER'S PHONE #: \_\_\_\_\_ OWNER'S SS#: \_\_\_\_\_

TYPE OF BUSINESS CONDUCTED: \_\_\_\_\_

*I hereby certify that the information reported herein is true and correct.*

\_\_\_\_\_  
**OWNERS SIGNATURE**

\_\_\_\_\_  
**DATE**

# CITY OF BLACKSHEAR

## Business License Application

### CON'T

#### OCCUPATIONAL TAX (BUSINESS LICENSE)

*The term "employee" shall mean an individual whose work is performed under the direction and supervision of the employer and whose employer withholds, FICA, Federal Income Tax or State Income Tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 but not form I.R.S. 1099.*

A minimum cost for a Business License is a set fee of One Hundred and Twenty five dollars (\$125.00); twenty five dollars (\$25.00) for 0-1 employees/owner plus a hundred dollar (\$100.00) administrative fee. Each additional employee/owner is an additional fifteen dollar (\$15.00) fee but is not to exceed two hundred and forty dollars (\$240.00). Total fees should not exceed three hundred and sixty dollars (\$365.00).

A. 0-1 EMPLOYEE/OWNER \$ 25.00

B. NUMBER OF ADDITIONAL EMPLOYEES/OWNERS \_\_\_\_\_ X \$15.00 + \$ \_\_\_\_\_

C. ADMINSTRATIVE FEE + \$ 100.00

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D. TOTAL AMOUNT DUE = \$ \_\_\_\_\_

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#### OFFICE USE ONLY

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

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\_\_\_\_\_  
ZONING OFFICE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY ADMINSTRATOR'S SIGNATURE

\_\_\_\_\_  
DATE

**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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> 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

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**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: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> 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.