

License No: _____

Occupational Tax Fee Due:
\$ _____



City of Villa Rica

OCCUPATIONAL TAX APPLICATION

LICENSE: Commercial Industrial Temporary Home-Based

APPLICATION: New Renewal Amendment

Start Date of New Business: _____

Business/Corporation Name: _____

Doing Business As: _____

Business Structure (Check One): _____ Sole Proprietorship _____ LLC _____ Corporation

_____ Limited Liability Company _____ General Partnership _____ Nonprofit or Disabled Veteran

NOTE: IF THE BUSINESS IS A PARTNERSHIP, PLEASE ATTACH A LIST OF THE NAMES AND HOME ADDRESSES OF ALL PARTNERS. IF THE BUSINESS IS A CORPORATION, PLEASE ATTACH A LIST OF ALL OFFICERS, DIRECTORS AND THE REGISTERED AGENT OF THE CORPORATION.

Physical Mailing Address: _____

(Complete Street Address – **NO P.O. Boxes** – City, State & Zip Code)

Mailing Address of Business: _____

(Complete Street Address – **P.O. Boxes Allowed** – City, State & Zip Code)

Business Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Number of Employees (Company): _____ Parcel: _____

Business Owner's Name: _____

Business Owner's Phone Number: _____

Business Owner's Last 4 Digits of SSN (Required): _____ Date of Birth: _____

Business Owner's Address: _____

Business Officer's Name & Address: _____

Business Officer's (Person Submitting Application) Position/Title: _____

Description of Business: _____

Federal or State License: _____

Name	Number	Expiration Date
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Federal EIN Number: _____ Sales Tax Number: _____

Estimated Yearly Gross Revenue: \$ _____

PROFESSIONALS AND CERTAIN PRACTITIONERS HAVE THE OPTION OF PAYING A \$400.00 FEE PER PROFESSIONAL PRACTITIONER IN LIEU OF REPORTING GROSS RECEIPTS. PLEASE INQUIRE WITH THE LICENSING/PERMITTING SPECIALIST FOR ELIGIBILITY OPTIONS.

Affidavit Verifying Status
City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Villa Rica, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to any application for a City of Villa Rica Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

_____.

NAME OF NATURAL PERSON APPLYING ON BEHALF OF INDIVIDUAL, BUSINESS, CORPORATION, PARTNERSHIP OR OTHER PRIVATE ENTITY.

1. _____ I am a United States Citizen

OR

2. _____ I am a legal permanent resident 18 years of age or older or I am otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *

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 code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

*Alien Registration Number (Non-Citizens):

SUBSCRIBED AND SWORN BEFORE

ME ON THIS THE

_____ DAY OF _____, 20_____

Notary Public: _____

My Commission Expires: _____

*NOTE: O.C.G.A. §50-36-1(e)(2) REQUIRES THAT ALIENS UNDER THE FEDERAL IMMIGRATION AND NATIONALITY ACT, TITLE 8 U.S.C., AS AMENDED, PROVIDE THEIR ALIEN REGISTRATION NUMBER. BECAUSE LEGAL PERMANENT RESIDENTS ARE INCLUDED IN THE FEDERAL DEFINITION OF "ALIEN," LEGAL PERMANENT RESIDENTS MUST ALSO PROVIDE THEIR ALIEN REGISTRATION NUMBER. QUALIFIED ALIENS THAT DO NOT HAVE AN ALIEN REGISTRATION NUMBER MAY SUPPLY ANOTHER IDENTIFYING NUMBER:

IDENTIFYING NUMBER: _____



City of Villa Rica

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.

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 THEN 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. §36-06-6. The undersigned private employer also attests that its Federal Work User Identification Number and date of authorization 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 the _____ day of _____, 20_____ in _____ (city) _____ (state).

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE

ME ON THIS THE

_____ DAY OF _____, 20_____

Notary Public: _____

My Commission Expires: _____

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 PER WEEK.