



City of Villa Rica

License #: _____

Fee: _____

OCCUPATIONAL TAX APPLICATION

License: Commercial Industrial Temporary Home-Based

Application: New Renewal Amendment

Business/Corporation Name: _____

Business/Corporation DBA: _____

Business Location Address: _____

Number of Employees: _____ Parcel No.: _____

Business Phone: _____ Additional Phone: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Owner's Name: _____

Business Owner's Address: _____

Business Owner's Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Description of Business: _____

| | | | |
|---------------------------|-------|--------|----------|
| Federal or State License: | _____ | _____ | _____ |
| | Name | Number | Exp Date |

Federal EIN Number: _____ Sales Tax Number _____

Anticipated Gross Receipts for the Year: \$ _____

The City of Villa Rica reserves the right to not issue or renew an Occupational Tax License in cases which there are documented violations of City Codes and / or Ordinance, other taxes or fees are owed to the City by the business or its owners, or in which the business or location fails to meet requirements set forth by the City of Villa Rica or applicable state and federal laws.

I _____ do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure the granting of this certificate. By my signature, I am also agreeing to abide by all requirements in Article 9 of the City of Villa Rica Unified Development Code (Sign Ordinance).

*Information provided on this form is subject to disclosure as a public record under the Georgia Open Records Law.

OWNER'S SIGNATURE _____

TITLE _____

DATE _____

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 and directors and the registered agent of the corporation.

OFFICE USE ONLY

Property Zoned: _____ License Number: _____ Class Status: 1 2 3 4 5

Date Paid: _____ Amount Paid: \$ _____ Cash Credit/Debit Check # _____

Notes: _____

***Affidavit Verifying Status for 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 Georgia 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 an otherwise qualified alien or nonimmigrant 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 of code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

* _____
Alien Registration number for 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 below:**
