

Check one: ___ New ___ Renewal ___ Ownership Change ___ Other

ACCT #: _____

CITY OF BAINBRIDGE, GEORGIA OCCUPATIONAL TAX CERTIFICATE APPLICATION

P.O. BOX 946 · BAINBRIDGE, GA 39818 · 229-248-2000 · Fax: 229-246-7311

FEDERAL ID#: _____
SALES & USE TAX ID#: _____
E-VERIFY #(for 10 employees or more) _____
DATE ISSUED: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Phone Number: _____ **Cell Phone:** _____

Email: _____

CLASSIFICATION OF THE BUSINESS:

Briefly describe the major line or primary type of business or service to be offered: _____

Expected **gross receipts** for all business conducted in Bainbridge: \$ _____

Enter the average number of full-time employees, working in the City of Bainbridge, for the year. Count the part-time employees as a fraction of full-time employees. (i.e. – A firm with six full-time employees and five half-time employees would report 8.5 employees). Number of Employees: _____ PE _____ (PROFESSIONALS)

Notice: Any new business is required to obtain a certificate of occupancy permit prior to receiving a license/occupational tax certificate. The building must meet building codes and requirements by the Building Official.

Owner/Manager: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

NEW FOOD ESTABLISHMENT: Please enclose a copy of your Department of Agriculture license.

STATE CERTIFICATION NUMBER REQUIRED FOR FOLLOWING CONTRACTORS AND OTHER PROFESSIONS OR TRADES WHICH REQUIRE STATE LICENSES

Plumbing, Heating A/C, Electrical, Residential Contractor, Residential Light Commercial Contractor, General Contractor, Utilities Contractor and Other Required State Licensed Professions or Trades (see list attached)

Must furnish a State Certification Number: _____ Expiration Date: _____

****OUT OF TOWN CONTRACTORS****

Does your business currently possess a valid occupational tax certificate in the state of Georgia?
If Yes, what city or county in Georgia? _____ Expiration Date: _____

(PLEASE ENCLOSE A COPY OF YOUR VALID CERTIFICATE)

CERTIFICATION BY ALL APPLICANTS:

I hereby certify that I am authorized to commit the above listed business and the above listed information is correct to the best of my knowledge. I understand any falsification of this application could result in its denial or revocation.

Signature

Date

FOR OFFICE USE ONLY

Approved by: _____ **Denied by:** _____

Comments: _____

Date: _____

City of Bainbridge, Ga
Division of Administrative Services
O.C.G.A. § 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit [check one], as referenced in O.C.G.A. § 50-36-1, from the City of Bainbridge, 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 Dept. 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 (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 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 ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC

Stamp here

My Commission Expires:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____ (business license, occupational tax certificate, or other document required to operate a business) as referenced in O.C.G.A. § 36-60-6(d), from _____ (name of county or municipal corporation), the undersigned applicant representing the private employer known as _____ (printed name of private employer verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section on or after July 1, 2013

- (a)_____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees
(b)_____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

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(a). 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 (a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User ID Number

Date of Authorization

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 allowed by such statute.

Executed on the _____ date of _____, 201_____ 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 _____, 201_____.

NOTARY PUBLIC

Stamp here

My commission Expires: