



CITY OF JONESBORO
 1859 City Center Way
 Jonesboro, Georgia 30236
 City Hall: (770) 478-3800
 Fax: (470) 726-1646
 www.jonesboroga.com

OCCUPATIONAL TAX CERTIFICATE APPLICATION

ATTACH ADDITIONAL PAGES IF NECESSARY. ALL ATTACHMENTS MUST BE NUMBERED. INDICATE THE PAGE NUMBER OF ATTACHMENT IN THE SPACES PROVIDED FOR EACH RELEVANT ANSWER. USE A SEPARATE PAGE FOR EACH NECESSARY QUESTION/ANSWER ATTACHMENT.

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

ADMINISTRATION FEE: \$75.00 (Non-Refundable). The Occupational Tax Certificate fee is an additional cost. The City of Jonesboro will calculate and advise fees due.

Attorney (choose flat fee or gross receipts)	(flat fee) \$200.00
Other professional (choose flat fee or gross receipts)	(flat fee) \$400.00

<i>Profitability Ratio/Tax Class</i>	<i>Tax Rate on Gross Receipts (per \$1,000.00)</i>
Class 1	\$0.75
Class 2	\$0.93
Class 3	\$1.20
Class 4	\$1.50
Class 5	\$1.85
Class 6	\$2.35
Home Occupation	\$1.05

Please see Section 18-40 of the City of Jonesboro's Code of Ordinance for further explanation.

Date of Application: _____

Description of Business

Please describe all business activities for this site:

Corporation Information

Occupational Tax Permit Number: _____

Business/Corporation Name: _____

Doing Business As (DBA): _____

Ownership Type (Check One):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Other: _____ |

Driver's License #: _____

State Tax I.D.#: _____

Federal E.I.N. I.D.#: _____

E-Verify Identification #: _____ or # of Employees (0-10) _____

Registered Agents Name: _____

Address (P.O. Boxes are prohibited): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Emergency Contact and #: _____

Security System Name and Contact #: _____

Are there hazardous materials present? _____

Jonesboro Property Information

Same as Above

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Fax: _____

Property Owner Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Applicant Information

Same as Above

Applicant Name: _____

Phone: (Day) _____ (Evening) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Email Address: _____

Gross Receipt for previous 12-month \$ _____

Current Year Anticipated Gross Revenue \$ _____

Number of employees (including self): (Full Time) _____ (Part Time) _____



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Business Contact Information

Please provide the following information so that the City of Jonesboro and the Jonesboro Police Department can provide your business with the most effective and efficient service. Please return this page along with your business license to City Hall.

Name of Business: _____

Address: _____

Telephone: _____

Type of Business or Service: _____

Email Address: _____

Emergency Contact

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Does the business have an alarm system: () yes () No

If yes name of alarm company and telephone number:

Are Hazardous materials present within the business () yes () no

Thank you for your cooperation,

Chief Tommy Henderson
Jonesboro Police Department

No person shall knowingly or intentionally misrepresent any facts to the City of Jonesboro, in procuring a license, permit and or duplicate license, to do so is committing fraud and is subject to penalties, interest, charges and the loss of the ability to conduct business in the City.

I, _____, representing _____ understand all occupation taxes and corresponding administrative fees shall be due and payable annually within 30 days following January 1st of each year, and understand that said fees are delinquent on March 31st of each given year. Nonpayment of aforementioned fees will result in the non-renewal of my license which will directly affect my ability to conduct business in Jonesboro. Should any administrative fee imposed by the City remain due and unpaid for 90 days from the due date of the tax and or fee, the person liable for the tax and or fee shall be subject to, and shall pay a penalty of, 10% of the tax and or fee due, plus interest on the delinquent amount at a rate of 1.5%. If the tax and/or fee remains outstanding, and in addition to the penalties above, the City Municipal Court may impose a civil fine for failure to pay said tax and/or fee. Such civil fine shall not exceed \$500.00 and may be enforced by the contempt power of the court. Other fines could also be enforced by the judicial proceedings as designated by the Court.

In all cases, the City may inspect the books of the business, at the City's request. Such books shall be submitted for inspection within 30 days of request. Failure to do so can result in revocation of the Occupational Tax Permit currently existing. If after examination of the books or records, it is determined that a deficiency has occurred as a result of under reporting, interest at the maximum rate allowed by law will be assessed for the period delinquent. If, after subsequent examinations of the books or records, it is determined that a deficiency occurred as a result of under reporting, than a penalty of ten percent and interest at the maximum rate allowed by law will be assessed as per O.C.G.A. 48-2-40. Upon demand by the City, it shall also be the duty of any person holding an occupation tax permit from the City to furnish, during regular business hours, at the person's place of business, all books of account, invoices, papers, reports and memoranda containing entries showing amount of purchases, sales receipts, inventory and other information, from which the correct business tax classification may be ascertained and the correct amount of tax to which the business is subject, may be determined. This is inclusive of bank deposit books, bank statements, copies of sales tax reports to the state of Georgia, copies of Georgia Income Tax reports and Federal Income Tax reports. It shall be the duty of any person holding an occupation tax permit from the City to secure, preserve, maintain and keep for a period of three years the records and documents enumerated and referred to above.

I hereby certify under penalty of perjury that the information provided here is true and to best of my knowledge and belief, and is a true and complete statement. I understand that this license application is not a business license and that no business activity may commence until an Occupational Tax and Zoning permit is issued by the City.

Signature: _____ Date: _____

Title: _____



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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) _____ [Occupational Tax Certificate, Alcohol License, or other document required to operate your business] as referenced in O.C.G.A. §36-30-6(d), from the City of Jonesboro, the undersigned applicant representing the private employer known as _____ (print name of private employer) verifies one of the following with respect to my application for the above mentioned document:

1. Check ONE of the following:
 - On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. If the employer selected (a) please fill out Section 2 below.
 - On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer 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 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 Identification 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 violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date 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 _____ day of _____, 20____

 Notary Public

(Seal)

My Commission Expires: _____



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S.A.V.E. Affidavit Pursuant to O.C.G.A. §50-36-1(e)(2)
 Affidavit Verifying Residency Status if an Applicant

By executing this affidavit under oath, as an applicant for a 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, from the City of Jonesboro, the undersigned applicant verifies one of the following with respect to my application for a public benefit. Effective July 1, 2013, private employers with more than 10 employees are required to be registered for E-Verify (0-10 Exempt). Please see the attached Secure and Verifiable Documents under O.C.G.A. § 50-36-2.

- 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.

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 Jonesboro, Georgia.

Signature of Applicant: _____ Date: _____

SUBSCRIBED AND SWORN
 BEFORE ME ON THIS THE
 _____ DAY OF _____, 20__

 Printed Name of Applicant:

 Notary Public
 My Commission Expires:

* _____
 Alien Registration number for non-citizens

*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: _____



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**Memorandum of Understanding
Occupational Tax License**

I, _____ am the business owner/operator of _____.
I now hold Occupational Tax License number _____.

I further understand that in operating my business, I am responsible for notifying the City of Jonesboro of the closure/non operation of my business. I understand that the City will pursue due diligence in attempting to contact me regarding any issue related to my Occupational Tax certificate. This also includes and is not limited to attempting to contact me should the City believe that I am no longer in business in Jonesboro.

I further agree to hold the City of Jonesboro harmless should, after due process, they determine that I am no longer in business at my location.

Owner/Operator

Date

Official Use Only

As witnessed:

Name/Title

Date

Office Use Only

Date Received: ____/____/____

Processor: _____

Fee Amount Enclosed: \$ _____

NAICS# _____

Date Approved: ____/____/____

Class: _____

Date Denied: ____/____/____

Tax Rate: _____

Zoning Approved: _____

Property Tax Search Attached _____

License Issued: ____/____/____

Document Requirements Check list:

- Tax Returns
- Financial Statements
- Zoning Certificate
- Clayton County Fire Inspecc
- Building Inspection report
- Picture ID
- Secretary of State Documents (Inc. or LLC.)
- State License (if applicable)
- Lease
- Health Department/Agriculture Report
- Business Contact Information
- E-Verify Affidavit
- SAVE
- Memo of Understanding
- Non-Profit Letter
- Federal EIN Confirmation

Official Use Only

Copy to Code Enforcement

New Business Welcome Letter & CO Permit

Occupation Terms

Comments:

FOR USE IF YOU DO NOT HAVE A LEASE

PROPERTY OWNER'S AUTHORIZATION

The undersigned below, or as attached, is the owner of the property which is subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of an amendment to the property.

I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of Clayton County, Georgia.

I hereby depose and say that all above statements and attached statements and/or exhibits submitted are true and correct, to the best of knowledge and belief.

PROPERTY OWNER:

PRINT NAME

SIGNATURE/DATE

APPLICANT:

PRINT NAME

SIGNATURE/DATE

NOTARY:

SIGNATURE/DATE

SEAL