

License
No. _____

Date Issued

CITY OF WALESKA OCCUPATIONAL TAX FORM

8891 FINCHER ROAD WALESKA, GEORGIA 30183
Phone: 770-479-2912 Fax: 770-720-4615
ostewart@cityofwaleksa.com

**FEE MUST BE PAID WITH SUBMITTAL OF APPLICATION
(SEE BACK OF FORM TO CALCULATE AMOUNT DUE)**

BUSINESS INFORMATION

Application for: () New Business () Renewal () Home Occupation

BUSINESS NAME _____

BUSINESS ADDRESS _____

Street/P. O. Box _____ City _____ Zip Code _____
Business Phone Number _____ Business Fax Number _____

Business Mailing Address _____

City _____ State _____ Zip Code _____

Map and Parcel Number _____ Zoning Classification _____

Federal I.D. # _____ Ga. State Sales Tax # _____

Date Business Was Established in Waleska _____

Number of Full Time Employees (Including Owner, Mgr. Etc.) _____

Number of Part Time Employees _____

EMERGENCY CONTACT NUMBER _____

ALTERNATE EMERGENCY CONTACT NUMBER _____

OWNERS INFORMATION

Complete for each owner, use back if necessary

Please indicate ownership status Individual Partnership Corporation Non-Profit

Last Name _____ First Name _____ Middle Initial _____

Address _____
Street/P. O. Box _____ City _____ Zip Code _____

Social Security No. _____ Date of Birth _____ Phone No. _____

Last Name _____ First Name _____ Middle Initial _____

Address _____
Street/P. O. Box _____ City _____ Zip Code _____

Social Security No. _____ Date of Birth _____ Phone No. _____

Corporation Name (if applies) _____

Nature of Business _____

Please Provide Services Offered

PLEASE SEE BACK TO CALCULATE AMOUNT DUE →→→

OCCUPATION TAX IS BASED ON THE NUMBER OF EMPLOYEES. "EMPLOYEE" MEANS ANY INDIVIDUAL WORKING FOR A SALARY, WAGES, WHETHER FULL TIME, PART TIME OR BORROWED EMPLOYEE WITHIN THE CITY LIMITS OF WALESKA.

1-3 Employees \$30.00 per employee	_____
4-8 Employees \$25.00 per employee	_____
9-99 Employees \$15.00 per employee	_____
Administrative Fee	+ \$25.00
Total Amount Due	_____

A NON-REFUNDABLE ADMINISTRATIVE FEE OF \$25.00 IS REQUIRED IN ADDITION TO THE OCCUPATIONAL TAX AMOUNT DUE.

Please include a copy of your current State of Georgia License if your business is included in, but not limited to the following: Electrician, Plumber, Mechanical, Low Voltage, Barber/Beautician, Accountant, Architect, Dentist, Surveyor, Appraiser, Real Estate Broker, Used Car Dealer, Pest Control, Hearing Aid Dealers, or Financial Directors.

I certify that the above information is true and correct. I hereby acknowledge that I am subject to the City of Waleska's Ordinances, Occupational Tax Ordinance and the Laws of the State of Georgia.

SIGNATURE OF APPLICANT

PRINT NAME CLEARLY

DATE

City of Waleska

O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Waleska, Georgia, 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 Department 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
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

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) employees¹.

*** 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 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

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: _____

¹ 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.