

# TOWN OF SHARPSBURG

105 Main Street  
 Sharpsburg, GA 30277  
 (770) 251-4171

## 2023 OCCUPATIONAL TAX APPLICATION

Mailing Address:  
 PO Box 397

Sharpsburg, GA 30277

CERTIFICATE # ISSUED: 23-

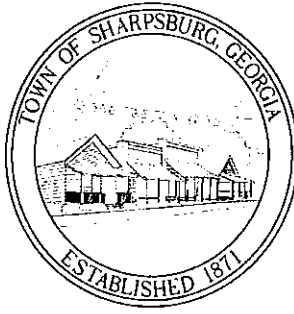
**INSTRUCTIONS:**

- Please fill in all information COMPLETELY
- Type or Print with ball point pen
- Provide copy of driver's licenses & affidavits for all owners, partners, and members
- Renewals filed after Monday, February 20, 2023 are considered late and penalty fees will be imposed

BUSINESS NAME		BUSINESS LOCATION (street address and zip code, no PO Box)		NAICS#:	SIC CODE:
ESTIMATED GROSS RECEIPTS	# OF EMPLOYEES	GEORGIA SALES TAX #	STATE LICENSE #	FEIN #	E-VERIFY #
\$ MAILING/CONTACT INFORMATION FOR BUSINESS	ATTENTION:	BUSINESS MAILING ADDRESS, CITY, STATE, ZIP CODE (if different)			
	BUSINESS FAX #	EMAIL			
TYPE: CHECK ONE	PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER	PRINCIPAL OFFICE / CORPORATE NAME		STREET or PO BOX	
OWNER NAME	STREET	CITY, STATE, ZIPCODE		PHONE #	EMAIL
OWNER NAME	STREET	CITY, STATE, ZIP CODE		PHONE #	EMAIL
OWNER'S SIGNATURE:				DATE:	

Internal Use Only Date Paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Payment Method: Cash \_\_\_\_\_ Check/# \_\_\_\_\_ Card \_\_\_\_\_

Tax Class: \_\_\_\_\_ Tax rate per \$1,000: \_\_\_\_\_ Admin Fee: \$25.00 Amount Due: \$ \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_



## **2023 Occupational Tax License**

### **Checklist of Required Documents**

**Please have application fully completed and signed before submittal to us, along with the documents below:**

- Copy of Certificate of Incorporation, LLC**
- Food Service Permit**
- Copy of State License**
- Proof of ownership of building or home**
- Signed copy of lease if renting**
- State or federal license or registration**
- Photo ID (i.e., GA Driver's License)**
- Affidavit for US Citizens or Legal Permanent Residents (attached)**
- Private Employer Affidavit (attached)**

**TOWN OF SHARPSBURG**

**Affidavit for United States Citizens & Legal Permanent Residents**

**Instructions:** As required by Official Code of Georgia § 50-36-1 (d)(1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a United States Citizen or legal permanent resident is required to either a United States citizen or legal permanent resident is required to execute this Affidavit under oath before a notary public.

**Affidavit "A"**

I, \_\_\_\_\_, first being duly sworn do swear or affirm under penalty of perjury that I am a United States citizen or legal permanent resident 18 years of age or older. Any person who knowingly and willfully make a false, fictitious, or fraudulent statement or representation in this Affidavit shall be guilty of a violation of Official Code of Georgia §16-10-20.

Sworn and Subscribed

\_\_\_\_\_  
Signature

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Notary Public

My commission Expires: \_\_\_\_\_

Seal

**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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> 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

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**I hereby declare under penalty of perjury that the foregoing is true and correct.**

**Executed on \_\_\_\_\_, \_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).**

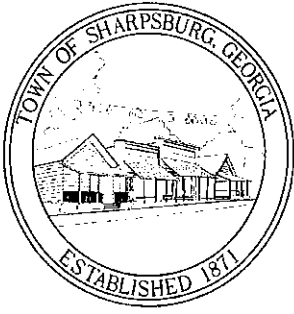
\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**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: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> 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.



# TOWN OF SHARPSBURG

105 Main Street, P.O. Box 397, Sharpsburg, GA 30227

(770) 251-4171 Phone (770)251-4689 Fax

[www.townofsharpsburg.com](http://www.townofsharpsburg.com) - Website

[sharpsburg@townofsharpsburg.com](mailto:sharpsburg@townofsharpsburg.com) - Email

## **BUSINESS CLOSED OR RELOCATED AFFIDAVIT**

This affidavit is to confirm that I have closed my business that was located within the jurisdiction of the Town of Sharpsburg, GA.

\_\_\_\_\_ Business has closed

\_\_\_\_\_ Business has relocated out of the Town of Sharpsburg

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Date Business closed/moved: \_\_\_\_\_

Owner's Name (print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

If moved, new address (optional): \_\_\_\_\_