

TOWN OF SHARPSBURG

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

2024 OCCUPATIONAL TAX APPLICATION

Mailing Address:
 PO Box 397
 Sharpsburg, GA 30277

CERTIFICATE # ISSUED: 24-_____

INSTRUCTIONS:						
<ul style="list-style-type: none"> 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 			NAICS#: _____ NEW: _____		SIC CODE: _____ RENEWAL: _____	
BUSINESS NAME		BUSINESS LOCATION (street address and zip code, no PO Box)			BUSINESS	
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 PHONE #	
→	BUSINESS FAX #		EMAIL		WEB ADDRESS	
TYPE: CHECK ONE →	<input type="checkbox"/> 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	CITY, STATE, ZIP CODE	
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: _____

TOWN OF SHARPSBURG

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

_____ Other

document to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the **Town of Sharpsburg**, the undersigned applicant representing the private employer known as (print name of employer): _____ verifies one of the following with respect to my application for the 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 establishes in O.G.G.A. § 13-10-90. The undersigned private employer also attests that it federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

Signature

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 _____, 2024.

Notary Public

My commission Expires: _____

Seal

Town of Sharpsburg

Affidavit for United States Citizens
& Legal Permanent Residents (continued)

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.

Sworn and Subscribed

Signature

Before me this _____ day of _____, 2024.

Notary Public

My commission Expires: _____

Seal

