

**OCCUPATION TAX/REGULATORY FEE  
CITY OF GLENNVILLE  
134 S VETERANS BLVD  
GLENNVILLE, GA 30427**

*"This institution is an equal opportunity provider and employer."*

Check One:  Renewal  New  Amended  
Check one:  Sole Proprietorship  Partnership  Corporation:  GA  Other State

Name of Business: (Legal Name or Trade Name): \_\_\_\_\_

Actual Physical Address: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Sales Tax ID #, if Your Business is Required to Have One By Law: \_\_\_\_\_

Applicable North American Industry Classification System Code Number: \_\_\_\_\_

Please Describe All the Business Activities, or Lines of Business at This Location: \_\_\_\_\_

\_\_\_\_\_

**Occupational Tax Computation:**

Multiply the average number of employees times the employee rate to calculate the tax. An employee is defined as any individual who exerts effort within the State of Georgia for the purpose of soliciting business or serving customers or clients and who is issued a W-2 form. Please include part-time employees by their full-time equivalent (All PT employees equals average weekly hours divided by 40). The City may request reporting information such as Wage and Tax Reports to determine the accuracy of the information.

Number of Employees \_\_\_\_\_

**Regulatory Fee** (The following businesses or practitioners of profession shall be subject to regulatory fees):

Auction Permit - \$100	Beer & Wine License - \$1500	Burglar Alarm Installers - \$150
Carnivals - \$50	Circuses - \$50	Firearms Dealers - \$100
Game room/Billiards - \$50+	Junkyards - \$100	Massage Parlors - \$250
Masseurs - \$25	Newspaper Delivery Boxes - \$100	Other Public Exhibits - \$15
Pawnshops - \$200	Peddlers/Itinerants - \$10, \$25, \$100	Rides - \$15
Sideways/Concessions - \$15	Tire Shops - \$25	Well/Septic Tank Installers - \$25

Please list any subcontractors, or independent agents you will be using this upcoming year:

Each person licensed under **Title 43 OCGA** is required to submit evidence of qualifications, except for attorney-at-law.

Are you certified under Title 42, OCGA?  Yes  No. If yes, please attach your certification. \_\_\_\_\_

**CERTIFICATION**

I certify that the foregoing information is true and correct. I understand that the falsification of my part of this tax return may cause denial or closure of this business.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue. The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20. In accordance with O.C.G.A § 48-2-15 and §48-7-60, all taxpayer information provided on this form shall be confidential and privileged. In compliance with O.C.G.A. §48-1-2 and §48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia. Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

# GLENNVILLE POLICE DEPARTMENT

## BUISNESS CONTACT INFORMATION SHEET

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**BUISNESS  
NAME:** \_\_\_\_\_

**BUISNESS  
LOCATION:** \_\_\_\_\_

**HOURS OF  
OPERATION:** \_\_\_\_\_

**BUISNESS  
TELEPHONE** \_\_\_\_\_

**EMERGENCY CONTACT NAME &  
NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT NAME &  
NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT NAME &  
NUMBER:** \_\_\_\_\_

# City of Glennville

CHRIS ROESSLER, MAYOR



## CITY COUNCIL

Bernie Weaver  
Mayor Pro Tem

Dr. Randy King

Dennis Strickland

Tammy D. Waters

## COURT RECORDER

Joe McGovern

## CITY CLERK

Teresa Anderson

## CITY ATTORNEY

Hugh McCullough

## CITY MANAGER

Amy W. Murray

December 10, 2014

To Whom It May Concern:

According to House Bill 87, the City of Glennville is required to have all companies that are issued Occupational Tax/Business Licenses complete the attached paperwork, unless the City of Glennville already has your E-Verify Number on file:

- SAVE Affidavit (O.C.G.A. § 5-36-1) and
- Private Employer Affidavit (O.C.G.A. § 36-60-6(d))
- Please enclose a copy of your driver's license with the forms
- If not a U. S. Citizen, a copy of your immigration card (front & back).

According to state law, the City is required to obtain these completed forms before an occupational tax/business license can be issued. All employers are required to complete the SAVE Affidavit. According to HB 87, all private employers with 10 or more employees were required to be registered for E-Verify by July 1, 2013. All private employers with less than 10 employees are considered exempt from having to register with E-Verify.

Your help in this matter is greatly appreciated, and the City apologizes for any inconvenience this may cause. Both of these forms have to be completed along with copies of your ID(s) before processing your occupational tax/business license. If you have any questions, please feel free to contact me at (912) 654-2461 or email me at [glennvillega@windstream.net](mailto:glennvillega@windstream.net).

Sincerely,

Delilah Bryant  
Accounting Personnel Specialist

Attachments: SAVE Affidavit  
Private Employer Affidavit

CITY OF GLENNVILLE  
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 Occupational Tax Certificate, as referenced in O.C.G.A. § 5-36-1, from the City of Glennville, the undersigned applicant for \_\_\_\_\_ (business name) 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: \_\_\_\_\_  
(Please provide us with a copy of such card).

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 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  
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 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.