

Application for Occupational Tax

City of Temple

For Official Use Only

CITY OF TEMPLE
240 CARROLLTON STREET
TEMPLE, GA 30179
770-562-3369

LICENSE #: _____

AMOUNT DUE: _____

The City of Temple requires you to provide the following information about this business and ownership.

BUSINESS NAME: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

OWNER NAME: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

TYPE OF BUSINESS: _____

Federal ID #: _____ State Tax #: _____ GA Sales Tax #: _____

TYPE OF OWNERSHIP:

Corporation Partnership Sole Proprietor Other (Describe)

**If Corporation, attach a copy of the articles of incorporation or Certificate of good standing showing all Officers, percent of Ownership, Home addresses and phone numbers.*

**If Partnership, attach a copy of Partnership agreement showing all parties and percent of ownership as well as home addresses and telephone numbers.*

GROSS RECEIPTS (ANNUAL) \$ _____

Based on Prior Year Comparative Estimated

**Attach a copy of prior year financial statements.*

I (We) hereby declare that the above mentioned information is true and correct and the estimated GROSS RECEIPTS is projected to the best of my ability.

Signature: _____

Title: _____ Date: _____

****Occupational Tax is payable on January 1st of every year. If not paid by February 28th, a 20% penalty will be added.**

**Affidavit Verifying Status for a City of Temple Public
Benefit Application**

By executing this affidavit under oath, as an applicant for a OCCUPATIONAL TAX CERTIFICATE or other public benefit as referenced in O.C.G.A Section 50-36-1, I am stating the following with respect to my application for a OCCUPATIONAL TAX CERTIFICATE of other public benefit for _____
(Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.)

Check one:

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident, 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__
Notary Public _____
My Commission Expires:

Signature of Applicant: _____ Date: _____

Printed Name: _____

* _____

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 below:

NAME OF BUSINESS: _____

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.