



Occupational Tax Application

Please Print Using Blue or Black Ink

CITY OF NICHOLSON
PO BOX 365
NICHOLSON, GA. 30565
706-757-3408
www.nicholson-ga.com

License is non-transferable
and ineffective upon change of ownership

<p>Name & Mailing Address of Business</p> <p>Email _____</p> <p>Website _____</p> <p>State Sales and Use Tax ID Number _____</p> <p>Federal Tax ID # _____</p> <p>Type of Business: _____</p> <p>State License # _____</p> <p>Type of Application:</p> <p> <input type="checkbox"/> Amended <input type="checkbox"/> New <input type="checkbox"/> Partnership <input type="checkbox"/> Closed <input type="checkbox"/> Renewal <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Home Business <input type="checkbox"/> Corporation </p> <p>Is Business Located In Your Home? <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>Number of Employees: _____</p> <p>Business License Fee: \$100</p> <p>Cash _____ Check # _____</p> <p>*FOR NEW BUSINESSES ONLY- Any new business Commencing business after July 1st will only be required to pay one-half of the tax.</p> <p>Principal line of Business _____</p>	<p><u>Business Name and Physical Address</u></p> <p><u>Business Phone Number</u></p> <p><u>Business Fax Number</u></p> <p><u>Emergency Contact</u></p> <hr/> <p>Owners, Partners, Officers of Business</p> <p>Name _____</p> <p>Home Address _____</p> <p>_____</p> <p>Home Phone _____</p> <p>Cell Phone _____</p> <p>I (name) _____ being the (title) _____ of the business firm named, do hereby register and apply for an occupational tax certificate, and do hereby certify that the information is true and correct.</p> <p>Signature _____</p> <p>This business license request is made subject to all codes and ordinances in place, and applicant agrees to comply with any and all building codes or zoning regulations applicable to the place of business.</p>
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Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Nicholson, Georgia Business License or Occupation 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 City of Nicholson, Business License or Georgia Occupational Tax Certificate or other public benefit (circle one) for _____.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am otherwise a 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.

Signature of Applicant:

Date:

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

Notary Public
My Commission Expires:

* _____
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:

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: _____

¹To 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.