



City of Dawsonville
 415 Highway 53 East Suite 100
 Dawsonville, Georgia 30534
 Phone: (706) 265-3256:
permit.tech@dawsonville-ga.gov

YEAR: _____

(All 3 Pages MUST be completed in their entirety and returned)

OCCUPATIONAL TAX CERTIFICATE APPLICATION

Business Name: _____ (d/b/a) _____

911 Street Address: _____

Business Phone: _____ Email: _____

Business Contact Person: _____ Title (Owner/Officer/Agent) _____

Business Mailing Address: _____

Commercial Site Home Office NUMBER OF EMPLOYEES _____ NAICS Number _____

Description of Business / Service(s) Offered: _____

_____ Tax Map Parcel # _____

*Please be sure that your business activity is an allowed use in the Zoning Classification for your business location prior to signing lease agreements or commencing any other type of business establishment activity. Zoning Classification: _____

Will this business serve alcohol? YES NO In Future Will there be coin operated amusement devices? YES NO

- Sole Proprietorship - Need a Copy of Driver's License for sole proprietor
 - Legal Partnership - Need a Copy of Driver's License for all partners
 - S or C Corporation - Need a Copy of Secretary of State Registration
 - Limited Liability Co. - Need a Copy of Secretary of State Registration
- GA STATE SALES TAX# _____
 FEDERAL TAX ID# (EIN) or SOCIAL SECURITY# _____

If you are required to have a State of Georgia Professional or Trade License or Business Registration, attach a current copy. We cannot process your license without a copy of your current license.

(example: physicians, attorneys, CPA, contractors, real estate/insurance agents, cosmetologists, therapist, chiropractor, used auto dealers, etc.)

License Fee is based on the number of employees:

Make Checks Payable to: City of Dawsonville	Number of Employees	Tax Liability
<i>"Individuals, businesses and practitioners who fail or refuse to pay any occupation tax charged pursuant to this ordinance shall be subject to a civil fine, to be imposed by court of competent jurisdiction over enforcement of City's ordinances, not more than five hundred dollars (\$500.00), which may be enforced by the contempt power of the court." - Sec. 8-46. (b)</i>	Home Occupation (Home Office)	\$75
	0-1	\$125.00
	2-5	\$175.00
	6-9	\$225.00
	Each additional employee after 9 is \$15 more.	Example
	(EXAMPLE) 12 - (ADDITIONAL 3)	\$225 + (3 x \$15) = \$270.00

New businesses with a commercial location must pay a Certificate of Occupancy Inspection Fee to Dawson County must fill out DCEMS 1 form.

I, _____ (print name), being the: OWNER _____ OFFICER _____ AGENT _____

certify that all information contained herein is true and correct. I understand that submittal of this application and fee does not entitle the applicant to engage in the business applied for until such application is approved, and license is issued. I also understand that it is my responsibility to renew my occupational tax certificate by the end of the Renewal Month.

Signature of Applicant: _____ **Date:** _____

For Official Use Only: Application Complete: <input type="checkbox"/> YES - <input type="checkbox"/> NO - Zoning Permitted Use _____ Paid: _____ CK# /Cash/CC _____ Copy Photo of ID _____ SAVE Affidavit _____ E-Verify Affidavit _____ Professional License _____ Health Department Food License (New Restaurants Only) _____ License # _____ Fire Marshal C/O - Commercial Locations Only, (New Location Only) _____	Received (Stamp)	Approved(Stamp)
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SAVE PUBLIC BENEFITS AFFIDAVIT

O.C.G.A § 50-36-1 (f)(1)

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant’s lawful presence in the United States (Ga. Code 50-36-1(e)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for a public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Dawsonville, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

1) _____ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)

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 Dept. of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant has 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 Georgia Law O.C.G.A § 50-36-1(f) (1) (A) with this affidavit.

REQUIRES VERIFICATION AT SUBMISSION – Which type of secure and verifiable document was provided? :

U.S. Driver’s License U.S. Passport U.S. Military ID Other ID _____ O.C.G.A. § 50-36-2

=====MUST BE COMPLETED WITH A NOTARY=====

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

I, _____ (representative for) _____
(Printed NAME of individual and natural person) (Name of BUSINESS, corporation, partnership, etc.)

Signature of Applicant Print Name Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____, 20 _____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature My Commission Expires (Seal)

E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupational Tax / Business License as referenced in O.C.G.A. § 36-60-6(d), from the City of Dawsonville, the undersigned applicant representing the private employer known as _____ (Printed Name of Employer) verifies one of the following with respect to my application for the above mentioned business document:

1. Choose ONE of the following:

(A) ___ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**. * If the employer selected (A) please fill out **section 2** below.

(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 established in O.C.G.A. § 36-60-6 (a). The undersigned private employer also attests that its federal work authorization user identification number (e-verify user #) and date of authorization are as listed below:

Federal Work Authorization User Identification Number (E-Verify #)

Date of Authorization

=====MUST BE COMPLETED WITH A NOTARY=====

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of 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.

Signature of Authorized Officer or Agent

Printed Name/Title of Authorized Officer or Agent

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____, 20____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature

My Commission Expires

(Seal)