CITY OF COLLEGE PARK OCCUPATION TAX APPLICATION

REMIT TO: CITY OF COLLEGE PARK-
OCCUPATION TAX DEPT
P.O. BOX 87137
COLLEGE PARK, GA 30337
PHONE: 404-669-3766
WEBSITE: www.collegeparkga.com

OFFICE USE ONLY

Check one: ☐New Application
☐Ownership Change/Date changed _____
☐Change to Original App

Date Received _____

CERTIFICATE # _____

TOTAL DUE
$

COMPLETE ALL SECTIONS

CORPORATE NAME ☐ LLC ☐INC ☐CO

BUSINESS NAME ☐ CHECK IF SAME AS ABOVE

BUSINESS ADDRESS/LOCATION ☐Own ☐Lease

MAILING ADDRESS: ☐ CHECK IF SAME AS ABOVE

BUSINESS PHONE NUMBER: ( ) -
EMAIL ADDRESS:

SOLE OWNER/CORPORATE OFFICER INFORMATION

_____
NAME TITLE

_____
ADDRESS APT/STE/UNIT

_____
CITY STATE ZIP CODE

OTHER CORPORATE OFFICERS:

_____
NAME TITLE

_____
ADDRESS CITY/STATE/ZIP CODE

_____
NAME TITLE

_____
ADDRESS CITY/STATE/ZIP CODE

TYPE OF BUSINESS _____

HOME BASED BUSINESS? ☐YES ☐NO

THE FOLLOWING INFO IS BASED ON YOUR BUSINESS INFO SHEET

ESTIMATED GROSS REVENUE: $_____

NUMBER OF EMPLOYEES: _____

ARE YOU CURRENTLY DELINQUENT IN PAYMENT OF ANY TAXES OR FEES TO THE CITY OF COLLEGE PARK?
☐YES ☐NO

IF YES, LIST THE TYPE OF TAX/FEE AND THE AMOUNT:

_____

_____

FED ID OR SSN: _____

FOR OFFICE USE ONLY

- ☐ **Government Issued CURRENT/VALID Photo ID**
- ☐ **Signed Copy of lease/Ownership documentation**
- ☐ **Certificate of Occupancy (Fire/Bldg Inspection)**
- ☐ **Food Service Permit (if applicable)**
- ☐ **State/Federal License(s) (if applicable)**
- ☐ **Zoning Approval Form**
- ☐ **Non-Profit Exemption documentation (501(c)(3))**
- ☐ **E-Verify/ SAVE form**
- ☐ **Sales Tax form**

NAICS CODE: _____
SIC CODE: _____
TAX CLASS: _____

I, _____ being the _____ of the business named, do hereby register and apply for an occupation tax certificate to operate such business. Furthermore, I do hereby affirm under oath that the information provided by me on this form is true, correct and complete, and that all of the requirements of Chapter 11, Article I of the City Code have been met by the business named.

Signature_____

Date: _____

Phone # _____

Sworn to and subscribed before me
this _____day of _____, 20_____

[SEAL]

_____
Notary Public
My Commission Expires:_____

BUSINESS INFORMATION SHEET

NAME OF BUSINESS _____

ADDRESS _____

PROVIDE A DETAILED EXPLANATION OF BUSINESS ACTIVITY TO BE CONDUCTED:

_____

_____

_____

IS THIS BUSINESS SUCH THAT THERE WILL BE GROUP INSTRUCTION, ASSEMBLY OR ACTIVITY?

☐YES ☑NO

WILL THERE BE ANY VISIBLE STORAGE OF SUPPLIES OR EQUIPMENT IN CONNECTION WITH THIS BUSINESS?

☐YES ☑NO

HOME BASED BUSINESSES ONLY: ANSWER THE TWO FOLLOWING QUESTIONS

- WHAT PERCENTAGE OF FLOOR SPACE IN YOUR HOME WILL BE USED FOR BUSINESS? _____%
- GIVE NAME, ADDRESS AND RELATIONSHIP OF PERSONS <u>OTHER THAN YOURSELF</u> WHO WILL BE WORKING IN THE BUSINESS:

  _____

  _____

  _____

ESTIMATE THE TOTAL COST OF THE FOLLOWING EXPENSES:

RENT/MORTGAGE: $_____ UTILITIES: $_____

PAYROLL: $_____ INVENTORY: $_____

OTHER (SUPPLIES, EQUIPMENT, MAINTENANCE, ETC…): $_____

BASED ON ESTIMATED TOTAL EXPENSE, WHAT IS YOUR ESTIMATED GROSS REVENUE (NOT PROFIT)? $_____

BASED ON THE NEEDS OF OPERATING THE BUSINESS, WHAT IS THE NUMBER OF EMPLOYEES? _____

State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

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) 417-6758 or e-mail David.Smith@dor.ga.gov .

CITY OF COLLEGE PARK
P. O. BOX 87137 • COLLEGE PARK, GA. 30337 • 404/767-1537

SAVE Affidavit Pursuant to O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for an **OCCUPATIONAL TAX CERTIFICATE** as referenced in O.C.G.A. § 50-36-1, from The City of College Park, the undersigned applicant _____ representing the private employer known as _____

VERIFIES ONE OF THE FOLLOWING with respect to his/her application for public benefit:

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States. **(PLEASE COMPLETE (3a) BELOW)**

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. **(PLEASE COMPLETE (3a) BELOW)**

3a) My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

4) Birthdate _____

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 this 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 allowed by such statute.

Executed in _____, _____
Date _____

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____DAY OF _____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires:
_____

CITY OF COLLEGE PARK
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Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an **OCCUPATIONAL TAX CERTIFICATE** as referenced in O.C.G.A. § 36-60-6(d), from The City of College Park, the undersigned applicant _____ representing the private employer known as _____ verifies one of the following with respect to the employer's application for the above mentioned document:

1. **Fill out this section beginning July 1, 2013. (CHOOSE ONE BELOW)**

(a)_____ On July 1st of the below signed year the individual, firm, or corporation employed eleven (11) or more employees.

(b)_____ On July 1st of the below signed year the individual, firm, or corporation employed less than eleven (11) employees.

If the employer selected 1(a) please fill out Section 3 below.

3. **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 and date of authorization are as listed below:**

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

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.

Executed on the _____ day of _____, 20____ in _____, ____

_____
Signature of Authorized Officer or Agent

_____
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____DAY OF _____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires: