



# City of Oxford

## OCCUPATIONAL TAX APPLICATION

Date Received: \_\_\_\_\_

**PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS  
WILL BE RETURNED.**

Received By: \_\_\_\_\_

NAICS: \_\_\_\_\_

**Note: must attach legal documentation to items marked with an asterisk (\*)**

Bus. No.: \_\_\_\_\_

### I. BUSINESS INFORMATION:

Type of Business:  Retail  Service (salon, trade, etc.)  Professional Office  Manufacturing

Other \_\_\_\_\_

Description of Business: \_\_\_\_\_  
\_\_\_\_\_

Full Business Name: \_\_\_\_\_

Doing Business As (If Applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Relation to Business: \_\_\_\_\_

\*Name of Owner(s) (if different than applicant; must attach a list of all owners):

\_\_\_\_\_

Home Mailing Address of Business Owner or Corporate Agent: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountants Payable or License Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

What specific products or services will be offered, manufactured or produced by this business:

\_\_\_\_\_  
*Restaurants shall obtain a Food Service Permit from the Newton County Environmental Health office prior to opening for business. Please call 770-784-2121 to begin that permit process.*



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Is this a Home Occupation?  yes  no

Will hazardous materials be manufactured, stored or handled at this location?  yes  no

If yes, please describe: \_\_\_\_\_

Are there any additional structures/storage buildings that will be used by the business?  yes  no

If yes, please describe: \_\_\_\_\_

\* Georgia Sales and Use Tax Number (retail business only): \_\_\_\_\_ Georgia  
Department of Revenue – 1-877-423-6711 or [www.etax.dor.ga.gov](http://www.etax.dor.ga.gov)

\* Federal Taxpayer Identification Number or Social Security Number: \_\_\_\_\_

### **II. LOCATION INFORMATION:**

Property Owner: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_ Parcel Size (Acres): \_\_\_\_\_

Zoning District: \_\_\_\_\_

Does the tenant have authorization to sublease?  yes  no

### **III. APPLICANT'S CERTIFICATION:**

I hereby certify that the information contained herein, including attachments and all other supporting information is completed and true, to the best of my knowledge and belief. I am at least 18 years of age and am a United States citizen or legal permanent resident OR an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, lawfully present in the U.S.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

### **IV. PROPERTY OWNER'S CERTIFICATION:**

Property owner's signature is required only if the signed lease agreement does not accompany this application.



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\* Lease agreement is attached  yes  no 1099 employee

I hereby certify that I am the legal owner or representative of the owner for all structures located at the address shown below and authorize the applicant to operate their business from this location:

Property Address: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary: \_\_\_\_\_

Notary Seal:

**V. WORKSHEET:**

Total number of full-time equivalent employees (receives a W-2): \_\_\_\_\_ 1099 employee \_\_\_\_\_

Occupational Tax Fee Calculations:

Number of Employees:	Fee Calculation:
1-10	\$20.00
11-20	\$40.00
21-30	\$60.00
31-40	\$80.00
41-50	\$100.00
More than 50	\$200.00

**All license renewals are due by March 1<sup>st</sup> of every year. Penalties will be applied monthly if not paid by due date.**

Practitioners of professions as described in O.C.G.A Section 48-13-9(c) (1)-(20) shall elect as their entire occupation tax one of the following:

- The occupation tax based on the number of employees.
- A tax of \$100.00 per practitioner who is licensed as such by the state of Georgia. The tax under this option shall apply to each practitioner maintaining an office or location in the city.

Is this business a non-profit 501(C) (3)?  yes  no  
*If yes, please include letter of certification*

Please check one of the following business types for this business:

\*  Corporation  LLC  Sole Proprietorship  Partnership (attach required documentation)



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**Please note: Occupational tax expires on December 31<sup>st</sup> of each calendar year. You must renew your tax on an annual basis prior to March 1<sup>st</sup> of the following year. If it is not paid, penalty fees will be applied per O.C.G.A 48-2-40. Failure to comply shall result in a citation to Municipal Court which shall require court fees in addition to paying the occupational tax.**

**If this business is no longer in operation, please notify our office in writing, so that we can close your account.**

**I have read and understand that it shall be my responsibility to renew this occupational tax an annual basis and agree to pay all penalties incurred.**

\_\_\_\_\_  
Signature / Date

### Verification Status for Public Benefits & Private Employer Affidavit (E-Verify)

#### **SECTION 1 – Please Check One**

As required by the State of Georgia through OCGA 50-36-1(e), the City of Covington must verify your eligibility for Georgia Public Benefits through the Systematic Alien Verification of Entitlement (SAVE) Program operated by the United States Department of Homeland Security before a license is issued.

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A. Section 50-361, I am stating the following with respect to my City of Covington, Georgia, application for: Occupational Tax

I am a United States Citizen

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. \*If selecting this box **must include documents** to verify immigration status with application.

#### **SECTION 2 – Please Check One**

10 OR LESS EMPLOYEES

By Executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs ten (10) or less Employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

MORE THAN 10 EMPLOYEES (Please visit [uscis.gov](http://uscis.gov) or call 1-888-464-4218)



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By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) Employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_ Authorization  
Federal Work Authorization User Identification Number/E-Verify

Date: \_\_\_\_\_

Authorization Number is ONLY required if business employees more than 10 Employees.

BUSINESS NAME: \_\_\_\_\_

I hereby declare under penalty of perjury that all the foregoing is true and correct.

Signature of Authorized Business Owner, Officer, or Authorized Agent:

\_\_\_\_\_

Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY STAMP BELOW:

SUBSCRIBED AND SWORN BEFORE ME:

\_\_\_\_\_

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

You may get additional information on both the Save Program and E-Verify at [uscis.gov](http://uscis.gov) Information is on the right side of homepage (located under *Verification*). If you are not already enrolled in E-Verify, you may do so through this portal. You may also contact U.S. Citizenship & Immigration Services at 1-888-464-4218.