



OCCUPATIONAL TAX LICENSE APPLICATION

PLEASE CONTACT CITY OF OXFORD FOR QUESTIONS 770-786-7004

DUE DATE: MARCH 1 EACH YEAR

RENEWAL FOR: _____

Business Number: _____

PHYSICAL ADDRESS: _____

Number of Employees: _____

CORPORATE MAILING ADDRESS: _____

Amount Due: _____

Check if Exempt - (501(c)3 non-profits, disabled Veterans (sole proprietor), and legally blind owned businesses are exempt from tax – include verification)

➤ If your profession is required to be state licensed, you must remit a copy of your state license with this renewal form

Annual occupational tax license fee:

NUMBER OF EMPLOYEES	ANNUAL LICENSE FEE	NUMBER OF EMPLOYEES	ANNUAL LICENSE FEE
1-10	\$20.00	31-40	\$80.00
11-20	\$40.00	41-50	\$100.00
21-30	\$60.00	More than 50	\$200.00

***PENALTY APPLIED AFTER MARCH 1 FOR EACH MONTH LATE (O.C.G.A 48-2-40)**

***RETURN THIS FORM WITH PAYMENT AND ANY REQUIRED SUPPORTING DOCUMENTATION TO:**

CITY OF OXFORD, 110 W CLARK STREET OXFORD, GA 30054 or deliver to City Hall – 110 W CLARK STREET OXFORD, GA 30054

CONTACT NAME: _____ EMAIL: _____

CONTACT NUMBER: _____

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

You may get additional information on E-Verify at www.uscis.gov. 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.

LESS THAN 10 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 less than ten (10) 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 www.uscis.gov or call 1-888-464-4218

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 utilized the federal work authorization program commonly known as E-Verify or a subsequent replacement program, in accordance with the applicable provision 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 ate of authorization are as follows:

_____ Federal Work Authorization User Identification Number/E-Verify (if required)

_____ Authorization Date (if required)

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

Signature of Authorized Business Owner, Officer or Authorized Agent

Print name

NOTARY STAMP BELOW:

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY SIGNATURE: _____