



OCCUPATIONAL TAX APPLICATION

PLEASE CONTACT CITY OF OXFORD BUSINESS LICENSE DEP FOR QUESTIONS 770-786-7004

DUE DATE: MARCH 1, CALENDAR YR

RENEWAL FOR: _____

Business Number: _____

PHYSICAL ADDRESS: _____

Number of Employees: _____

CORPORATE MAILING ADDRESS: _____

Amount Due: _____

PENALTY APPLIED AFTER 3/1

Check if Exempt (501©3 non-profits, disabled Veterans (sole propriety), Legally Blind Owned businesses are exempt from tax – include verification)

RETURN WITH PAYMENT 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 both the SAVE Program and 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.

SECTION 1 * If your profession is required to be state licensed, you must remit a copy with this renewal form.

As required by the State of Georgia through O.C.G.A. 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 State Department of Homeland Security before a license is issued. By executing this affidavit under oath, as an applicant for public benefit referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my City of Oxford, GA application for Occupation Tax.

I am a United States Citizen

I am a legal permanent resident 18 years of age or older I am otherwise a qualified alien or non-immigrant under the Federal Immigration and National 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

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 individua, firm, or corporation employees 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: _____

NUMBER OF EMPLOYEES	TAX 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