

CITY OF HEPHZIBAH

P. O. Box 250, Hephzibah, GA 30815
706-592-4423 Phone 706-592-1187 Fax

OCCUPATION TAX CERTIFICATE APPLICATION FORM

AMOUNT DUE: \$ _____

Business name: _____

Physical (911) Address: _____

Mailing address (if different from above): _____

City: _____ State: _____

Owner(s) Name: _____

Type of Ownership: ___ Corporation; ___ Sole Proprietor; ___ Partnership; ___ LLC;
___ Other (explain) _____

Contact Person: _____ Phone number: _____

Number of Employees: _____ E-Verify Number _____

I am a U.S.Citizen. I am a Legal Permanent Resident, Qualified Alien, or Non-Immigrant

A COPY OF YOUR STATE OF GEORGIA LICENSE MUST BE ATTACHED, IF REQUIRED BY GA. LAW, Title 43.

Signature of Owner: _____ Date: _____

Fees: Please return your form (either by mail or in person to the above address) with the applicable fee.

* We are required by federal & state law to have on file the number of employees of your business. The number of employees as computed on a full-time position equivalent basis, provided that for the purposes of this computation an employee who works 40 hours or more weekly shall be considered a full time employee and that the average weekly hours of employees who work less than 40 hours shall be divided by 40 to produce full time.

STATE OF GEORGIA LICENSURE REQUIRED

Attention Business Owner:

According to O.C.G.A. 36-60-6(a) prior to the City of Hephzibah renewing an Occupational Tax Certificate to any person engaged in a profession or business required to be licensed by the State of Georgia under Title 43, the person must supply evidence of such licensure to the City of Hephzibah. No Occupational Tax Certificate shall be issued to any person subject to licensure under Title 43 without evidence of licensure from the State of Georgia.

The following is a list of the occupations impacted by this notice:

Accountants	Licensed Practical Nurses
Architects/Interior Designers	Low Voltage Contractors
Athlete Agents	Massage Therapists
Athletic Trainers	Nursing Home Administrators
Auctioneers	Occupational Therapists
Barbers	Optometrists
Cemeteries	Pharmacists
Chiropractic Examiners	Physical Therapists
Conditioned Air Contractors	Plumbing Contractors
Cosmetologists	Podiatrists
Dentists	Private Detectives
Dietitians	Professional Counselors, Social Workers, and
Dispensing Opticians	Marriage and Family Therapists
Electrical Contractors	Psychologists
Engineers and Land Surveyors	Registered Nurses
Foresters	Security Guards
Funeral Service	Speech Language Pathologists and
General and Residential Contractors	Audiologists
Geologists	Used Motor Vehicle Dealers and Parts Dealers
Hearing Aid Dealers	Utility Contractors
Landscape Architects	Veterinarians
Librarians	Water/Wastewater Treatment Plant Operators

If your business is required to have a state license — please provide a copy. Without proof of your state licensure, if applicable, the City of Hephzibah will not be able to process your renewal for an Occupational Tax Certificate.

For questions regarding state licensure requirements, you can contact The Office of Secretary of State at (478) 207-2440 or www.sos.state.ga.us

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

By executing this affidavit under oath, as an applicant for a Occupation Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Hephzibah, GA, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 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 Department of Homeland Security or other federal immigration agency is:_____.

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 as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

E-VERIFY Private Employer Exemption Affidavit

Pursuant To O.C.G.A. § 36-60-6(d)

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.

Printed Name of Exempt Private Employer

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

Executed on _____, 20____ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS _____ DAY OF _____, 20____.

Notary Public

My Commission expires: _____

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

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 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:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 20____ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:
