



---

## Documents Required for the Issuance of an Occupational Tax License

---

- Please take care to ensure that all information is provided as required.
- The permit will be processed **within 30 business days** of the receipt of completed application with all required documents.
- **The city will not process incomplete applications.**
- Please submit completed permit application to [planning@stmarysga.gov](mailto:planning@stmarysga.gov)

\_\_\_\_\_ Occupational Tax Registration Form (with all fields completed and notaries executed)

\_\_\_\_\_ Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

\_\_\_\_\_ Legal Status Affidavit (O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT)

\_\_\_\_\_ Copy of a Secure and Verifiable Document as required for the Legal Status Affidavit

\_\_\_\_\_ Tax/Fee for Occupational Tax Registration of \$75.00 plus \$33.00 per full time employee equivalent

\_\_\_\_\_ If you are **not the owner of the business location**, you will need to provide a **copy of the lease** to verify you are operating in a valid location.

\_\_\_\_\_ If you are a **home-based business**, you must sign the terms of use agreement page.

\_\_\_\_\_ Independent contractors working at a business or independently will be required to have their own business license.

\_\_\_\_\_ If you plan to operate a **school, nursery, or day care facility**, you must apply to the Department of Human Resources Child Care Licensing. This agency will provide information regarding rules and regulations for childcare licensing.

\_\_\_\_\_ If you plan to operate a **grocery store or convenience store**, the Georgia Department of Agriculture inspects and licenses all food preparation facilities with no seating. Food storage facilities such as grocery stores and warehouses are also inspected.

\_\_\_\_\_ If you plan to operate a **restaurant**, any food preparation facility with seating including inspections of **hotels, motels, bed & breakfast, personal Care Homes, and restaurants** are inspected by the Camden County Public Health Department.

\_\_\_\_\_ If you plan to operate a or engage in a **state regulated business**, you must provide a copy of all valid certificates/licenses issued by the Georgia Secretary of State.

\_\_\_\_\_ If you plan to operate a **taxicab** service, you must obtain permits through the Code Compliance Office. (912) 510-4098.

\_\_\_\_\_ If you plan to serve **alcohol**, you must provide an Alcohol Licenses from the City Clerk. (912) 510-4039



Occupational Tax Registration Form

Business Name \_\_\_\_\_

Business Location \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Number of Full Time Employees \_\_\_\_\_ Number of Part Time Employees \_\_\_\_\_ Total Number of Employees \_\_\_\_\_

Types of Business to be Conducted \_\_\_\_\_

Dominant Line of Business \_\_\_\_\_

Name of Owner/Agent \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Georgia Sales Tax ID \_\_\_\_\_

Georgia License Type and Number \_\_\_\_\_

Please provide an alternate to contact in case of an emergency or if the owner cannot be reached.

Alternate Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

The undersigned hereby stipulates and states that all statements given in this occupational tax registration form are true and correct and made for the purpose of registering the above business or company with the City of St. Marys, Georgia for occupation tax assessment purposes. The applicant further states that any statement herein, given falsely may result in the revocation of the occupational tax registration certificate or refusal to grant such certificate as well as possible civil penalties. **In applying for this certificate, applicant agrees to abide by current zoning ordinance and regulations.**

Applicant hereby agrees and consents pursuant to public law 93-579 on the privacy act of 1974 that the disclosure of information obtained in this application may be submitted to any agency of the city, state, county, and federal governments for the purposes of obtaining the necessary information to process the application.

Signature of Owner/Agent/Qualifying Agent \_\_\_\_\_

Date \_\_\_\_\_

Staff Use Only

Approved \_\_\_\_\_ Date \_\_\_\_\_

Community Development Director / Planner

Amount Due \_\_\_\_\_ Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_



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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section A** Please check the option that applies.

\_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

*If you select this option, please complete Sections B and C*

\_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*If you select this option, please complete Section C*

**Section B** 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer \_\_\_\_\_  
Federal Work Authorization  
User Identification Number \_\_\_\_\_  
(E-Verify Number)

Date of Authorization \_\_\_\_\_

**Section C**

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

Executed on \_\_\_\_\_ 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 Signature*  
My Commission  
Expires: \_\_\_\_\_



---

## Legal Status Affidavit (O.C.G. A. § 50-36-1(e)(2) Affidavit)

---

By executing this affidavit under oath, as an applicant to an Occupational Tax License, as referenced in O.C.G.A. § 50-36-1, administered by the City of St. Marys, the undersigned applicant verifies one of the following with respect to my application for a public benefit: (place YOUR INITIALS on the applicable line below, initial one line only)

\_\_\_\_\_ I am a United States Citizen.

\_\_\_\_\_ I am a legal permanent resident of the United States.

\_\_\_\_\_ 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.

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 on \_\_\_\_\_ in \_\_\_\_\_ (city, state).

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Notary Public Signature*

My Commission

Expires: \_\_\_\_\_

This form must be accompanied by a "Secure and Verifiable Document" as required by O.C.G.A. § 50-36-2. A list of Secure and Verifiable Documents can be found at <https://law.georgia.gov/resources/immigration-reports>.



## Authorization Letter

The undersigned (as listed in Section A) hereby states that they are the legal property owner(s) of the following described land, located in Camden County, Georgia. The undersigned also states that they have authorized the below names person(s) (as listed in Section B) to apply for a permit or make an application before the City of St. Marys for the purpose(s) listed below.

### Section A Owner's Information

Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Section B Property Information/Agent

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

Parcel ID \_\_\_\_\_

Purpose of  
Permission \_\_\_\_\_

Authorized Agent \_\_\_\_\_

### Section C Authorization

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

Executed on \_\_\_\_\_ 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 Signature*

My Commission Expires: \_\_\_\_\_



---

## Credit Card Authorization

---

To Whom it May Concern,

I, \_\_\_\_\_, do authorize the City of St. Marys to debit my credit/debit card for payment of

\_\_\_\_\_ fee(s) using the following information.

\_\_\_\_\_  
Signature of Card Holder

### Request for Credit Card Payment

Today's Date \_\_\_\_\_ Reference Number \_\_\_\_\_

Fee Amount \$ \_\_\_\_\_ + \$3.00 Processing Fee = Total Charged to Card \$ \_\_\_\_\_

### Credit/Debit Card Information

---

Card Type \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Credit Card Number \_\_\_\_\_

Expiration Date on Credit Card \_\_\_\_\_

Name as shown on Credit Card \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_