

Application for an Occupational Tax Certificate License

You must complete all forms attached for an occupational tax certificate license to be issued.

In this packet you will find two affidavits. These affidavits are in reference to immigration laws. We, the City of St. Marys, are required by law to collect these affidavits prior to issuance of your license. They must be notarized. We have a notary on staff for your convenience at no charge. Be sure to bring a picture ID.

If on the US Citizenship Verification affidavit you choose #2 (I am a legal permanent resident of the United States), or #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) you will need to provide to us a copy of documentation and another form of ID such as a driver's license. Attached you will find a listing of secure and verifiable documents that are acceptable.

Application will need to be completed and returned no later than Tuesday, 1:00pm. Review of application will be on Wednesday at 8:30am. Once approved, you may come in and pay the fee and your license will be issued at that time.

Cost of license: \$33.00* per employee + \$75.00 administrative fee

*Fee prorated to \$16.50 beginning July 1

If you have no employees the owner is considered an employee.

License is issued per calendar year, January – December, and must be renewed annually. Renewal letter will be mailed in November.

Acceptable payment: check, money order, cash, debit or credit card (I apologize but we do not accept Discover Credit Card).

Please call or email me should you have any questions.

Darlene Ellis

912-510-4032

darlene.ellis@stmarysga.gov

City of St. Marys

Planning & Building Department

Secure and Verifiable Documents Under O.C.G.A. Section 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. Section 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. Section 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A United States military identification card [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable identification of the bearer [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A passport issued by a foreign government [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. Section 50-36-2(b)(3); 22 CFR Section 41.2]
- A NEXUS card [O.C.G.A. Section 50-36-2(b)(3); 22 CFR Section 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. Section 50-36-2(b)(3); 22 CFR Section 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. Section 50-36-2(b)(3); 8 CFR Section 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. Section 50-36-2(b)(3); 6 CFR Section 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. Section 50-36-2(b)(3); 6 CFR Section 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. Section 50-36-2(c)]

US Citizenship Verification Affidavit O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant to an Occupational Tax License (type of public benefit), as reference in O.C.G.A. § 50-36-1, City of St. Marys (name of government entity), 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**)

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 a copy of 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:
(Example: Driver's License, Passport, Identification Card, etc.)

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 _____ DAY OF _____, 201____.

Notary Public Signature/My Commission Expires:

Private Employer Affidavit AND
Private Employer Exemption Affidavit of Compliance to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an application for an Occupational Tax Registration Certificate (an occupational tax registration certificate is required to operate a business in St. Marys) as referenced in O.C.G.A. § 36-60-6(d), from the _____ (put your business name on line) verifies **one** of the following (by initialing line) with respect to my application for the above mentioned document.

As of the below date I verify the following (**initial only one option**):

- (a) _____ The individual, firm, or corporation employs less than eleven (11) employees*
- (b) _____ The individual, firm, or corporation employs eleven (11) or more employees**

To register with E-Verify go to www.uscis.gov or call 888-464-4218

***If you initialed (a) you are exempt from registering for E-Verify but you MUST SIGN THIS AFFIDAVIT acknowledging you are aware of the requirements. You may skip to the signature line below.**

****If you initialed (b) you MUST provide, below, your "federal work authorization user ID number" and the date it was issued. This is the number you were given when you registered with E-Verify. Please note this is NOT the same number as your Federal Employee Identification number (FEI).**

By submission of this affidavit the employer is stating registration and utilization of the federal work authorization program OR exemption in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer attests that its federal work authorization user identification number and date of issuance are as listed below:

E-Verify Number	Date Issued

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 allowed by such statute.

Executed on the _____ day of _____, 201__ in _____ (city), _____ state).

Signature of Owner, Authorized Officer or Agent

Printed Name and Title of Owner, Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE ____ DAY OF _____, 201__

Notary Public Signature/My Commission Expires:



CITY OF ST. MARYS, GEORGIA

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OCCUPATIONAL TAX REGISTRATION FORM

Community Development Department

418 Osborne Street—(912) 510-4032

Please indicate the following information about your company of business. If you have more than one location in St. Marys, please complete a separate form for each location. If your company or business is incorporated, please furnish a copy of the incorporation papers as well as a list of the officers of your company.

1. Name of Business: _____

2. Business Street Address: _____

3. Mailing Address: _____ Email Address: _____

4. City/State/Zip Code: _____ 5. Business Phone: _____

6. Number of employees working 40 hours per week. _____

7. Part-time employees (Please see attached form to calculate part-time employees) _____

8. TOTAL NUMBER OF EMPLOYEES _____

(If this is an existing business, please indicate the number of employees per location in St. Marys. If your main office is outside St. Marys, please indicate the actual number of employees working in St. Marys. For new businesses, please estimate the total number of employees of the calendar year.)

9. Types of Businesses to be conducted: _____

10. Dominant Line of Business: _____

(Which business is responsible for greatest income.)

Please give the following information for the person who will be responsible for any business conducted in St. Marys. Electrical, plumbing or mechanical sub-contractors, please give information based on qualifying agent.

11. Name of Owner/Agent: _____ 12. Phone Number: _____

13. Home Address: _____

14. City/State/Zip Code: _____

The following numbers must be provided by those businesses, which are required by law to obtain them, or your local certificate cannot be issued or renewed.

15. Georgia Sales Tax ID: _____

16. Georgia License Type & Number: _____

Please attach proof of above items, which apply.

The following information is needed so we may have an alternate to contact in case of an emergency if the owner cannot be reached.

17. Name: _____ 18. Phone Number: _____

19. Address: _____

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 apply for this certificate, applicant agrees to abide by current zoning ordinances 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: _____

Approved: _____ Date: _____



CITY OF ST. MARYS, GEORGIA

OCCUPATIONAL TAX REGISTRATION FORM

**Community Development Department
418 Osborne Street—(912) 510-4032**

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COVENANTS OR DEED RESTRICTIONS

By the signature herein placed on this document, the Applicant for an Occupational Registration Tax (aka Business License) from the City of St. Marys certifies that the facts of this application are not in conflict with any covenants or deed restrictions for the address noted below.

Applicant further certifies that the City of St. Marys will be held harmless from any legal action regarding any covenant or deed restriction not disclosed as part of this application for an Occupational Registration Tax (aka Business License).

SIGN ORDINANCE

Applicant further verifies he/she has received a copy of the St. Marys Sign Ordinance, upon application for a local Occupational Tax Registration Certificate. I understand it is my responsibility to comply with the ordinance.

SIGNATURE: _____
PRINTED NAME: _____
ADDRESS: _____

DATE: _____, 20____

NOTE: ALL APPLICANTS MUST COMPLETE THIS FORM REGARDLESS OF BUSINESS CLASSIFICATION.

Sound Business Practices Help Medical Practice Expand into Underserved Areas

Dr. Ram K. and Aru Reddy are in the business of "helping people feel better when they need it the most." Partners in an enterprise that adds needed medical care to underserved communities in northeast Georgia, they are also adding to the employment rolls of the small cities and towns they serve.

Reddy Urgent Medical Care Centers operate in Athens, Royston, Danielsville, Hartwell and Monroe. They started with four employees in their Royston practice and now have nearly ninety.

"It's feels good to contribute to your community by offering jobs to so many families," said Dr. Reddy.

Through the years they have frequently turned to the UGA SBDC for a broad range of assistance, from learning how to do financial projections to help with site location, marketing and employee satisfaction surveys.

"It takes most medical clinics three years to break even. We were profiting within our first year, and we get great comments from our patients," said Dr. Reddy.

"We give them the quantitative data they need to make sound business decisions, and they keep coming back when they need more information. They've learned to rely on their SBDC consultants," said Laura Katz, area director of the Athens office of the UGA SBDC.

Doctors Ram K. and Aru Reddy,
Owners of Reddy Urgent Medical
Care Centers



OUR LOCATIONS:

For additional information, please visit our web site or contact one of our local offices:

ALBANY	229-420-1144
ATHENS	706-542-7436
GEORGIA STATE UNIVERSITY	404-413-7830
AUGUSTA	706-721-4545
BRUNSWICK	912-264-7343
UNIVERSITY OF WEST GEORGIA	678-839-5082
COLLUMBUS	706-569-2651
DECATUR	770-414-3110
GAINESVILLE	770-531-5681
GWINNETT	678-985-6820
KENNESAW STATE UNIVERSITY	470-578-6450
MACON	478-757-3609
CLAYTON STATE UNIVERSITY	678-466-5100
ROME	706-622-2006
SAVANNAH	912-651-3200
GEORGIA SOUTHERN UNIVERSITY	912-478-7232
VALDOSTA STATE UNIVERSITY	229-245-3738

OUR PARTNERS:



GROWING GEORGIA'S BUSINESSES



www.georgiasbdc.org

A Public Service and Outreach Unit of The University of Georgia.

The UGA SBDC is funded in part through a cooperative agreement with the U.S. Small Business Administration.

Our experienced consultants provide confidential services to businesses seeking performance improvement and strategic advice.

- ▶ Develop and update business plans
- ▶ Identify sources of capital
- ▶ Set up record keeping systems and analyze financial records
- ▶ Conduct specialized research
- ▶ Create marketing strategies
- ▶ Conduct operational and financial diagnostic assessments
- ▶ Review and analyze financial data
- ▶ Strategic planning



“To get to the next level, you need help. We are very grateful for all the work the SBDC has done for us. And I recommend that any small business contact the UGA SBDC to see how they can help.”

-Rod Meyer, Pinnacle X-Ray Solutions, Inc.

The SBDC offers GrowSmart™ and StartSmart™, two in-depth programs delivered throughout Georgia.

GrowSmart™ meets the needs of established, growing businesses and helps experienced business owners build a foundation for profitable growth.

StartSmart™ provides the resources and support for new business owners.

Classes are available for both experienced and beginning entrepreneurs:

- ▶ Financial Management
- ▶ Business Expansion
- ▶ Digital Marketing
- ▶ Customer Service
- ▶ Strategic Planning
- ▶ Starting a Business
- ▶ Raising Capital
- ▶ ...and more!

Making an Impact on Georgia's Economy

Businesses working with the UGA SBDC make a big impact on the local economy. Statistics over the last five years show that our clients:

- ▶ Started 1,422 new businesses.
- ▶ Created 11,785 new jobs.
- ▶ Generated over \$8.9 billion in sales.
- ▶ Obtained over \$525 million in start-up and expansion capital.

Additionally, SBDC clients experienced an average annual sales growth of over 19 percent last year and grew employment by an average annual rate of over 19 percent.

The Office of Minority Business Development provides special emphasis programs to meet the unique needs of minority-owned businesses by identifying procurement opportunities and locating sources of capital.
<http://bit.ly/minoritybiz>

Export assistance is provided through the SBDC's International Trade Center which offers in-depth, one-on-one international business consulting to first-time and existing exporters.
<http://bit.ly/internationalexport>