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.

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.

Your 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

License is issued per calendar year, January - December

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

Please call 912-510-4032 or email should you have any questions.

Darlene Ellis
darlene.ellis@stmarysga.gov
City of St. Marys
Planning/Building/Cemetery Department

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 **placing a check mark** with respect to my application for the above mentioned document.

As of the below date I verify **one** of the following:

(a) ____ The individual, firm, or corporation employs less than eleven (11) employees*
(b) ____ The individual, firm, or corporation employs eleven (11) or more employees**
(c) ____ The individual, firm, or corporation employs less than one hundred (100) employees**
(d) ____ The individual, firm, or corporation employs one hundred (100) or more employees**
(e) ____ The individual, firm, or corporation employ less than five hundred (500) employees**
(f) ____ The individual, firm, or corporation employs five hundred (500) or more employees**

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

- Effective January 1, 2012 you were required by law if you employed 500 or more employees to sign up for E-Verify.
- Effective July 1, 2012 you were required by law if you employed more than 100 employees to sign up for E-Verify.
- Effective July 1, 2013 you will be required by law to sign up for E-Verify if you employee more than 10 employees.

***If you employee less than 11 employees 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 placed a check mark above by (b), (c), (d), (e), or (f) you MUST provide, below, your "federal work authorization user ID number" and the date it was authorized. 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) (as listed above). The undersigned private employer attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ _____

Federal Work Authorization User Identification Number Date Number was Authorized

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 _____, 20____ 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 _____, 20____

_____

Notary Public Signature/Commission Expires:

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 a check mark by **one 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:

_____

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:

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 CRF 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 CRF 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 CRF Section 41.2]
- A NEXUS card [O.C.G.A. Section 50-36-2(b)(3); 22 CRF Section 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. Section 50-36-2(b)(3); 22 CRF Section 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. Section 50-36-2(b)(3); 8 CRF 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 CRF 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)]

CITY OF ST. MARYS, GEORGIA

O3

OCCUPATIONAL TAX REGISTRATION FORM

Planning & Building Department

418 Osborne Street—(912) 510-4032

Please indicate the following information about your company or 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 company officers.

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. Number of Part-Time employees: _____
   Take total hours worked for ALL part-time employees in a 40 hour week and divide by 40. Round to the next whole number. This will be the number you list for part-time employees.
8. TOTAL Number Of Employees (full and part-time added together): _____
   If your main office is outside St. Marys please indicate the actual number of employees that will be working in St. Marys only.
   If you are unsure of the number of employees you will be hiring please estimate. Upon renewal at the first of each year you will account for employees that are employed at the time of renewal.
9. Type(s) of Business(es) to be conducted: _____
   Some professions require a state of Georgia license. Please submit a copy of license. Example: General Contractor, Electrical Contractor, Barber, Cosmetologist, Physician, etc.
10. Dominant Line of Business: _____
    Business that will be responsible for greatest income is the dominant line.
11. Name of Owner/Agent: _____ 12. Phone Number: _____
13. Home Address: _____
14. City/State/Zip Code: _____

Please provide the following numbers if available. Note: It is the business owner's responsibility to obtain this information.

15. Georgia Sales Tax ID Number: _____
16. Georgia License and Number (if applicable): _____
    Some professions require a state license AND/OR a shop license. Please submit a copy of license. Example: General Contractor, Electrical Contractor, Barber, Cosmetologist, physician, etc.

The following information is needed so we may have an alternate 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 on 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 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 GOVERNMENT FOR THE PURPOSES OF OBTAINING NECESSARY INFORMATION TO PROCESS APPLICATION.

_____ _____

Signature of Owner/Agent Date:

_____

Print Name of Owner/Agent

CITY OF ST. MARYS, GEORGIA

OCCUPATIONAL TAX REGISTRATION FORM

Planning & Zoning Department
418 Osborne Street—(912) 510-4032

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COVENANTS OR DEED RESTRICTIONS

By the signature herein placed on this document, the owner/agent for an Occupational Tax Registration (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.

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

SIGN ORDINANCE

Owner/agent further verifies he/she, upon request, will be given a copy of the St. Marys Sign Ordinance or advised this ordinance can be accessed on the internet at www.municode.com. Owner/agent understands it is his/her responsibility to comply with the ordinance.

Owner/Agent Signature: _____

Printed Name: _____

Business Address: _____

Date: _____, 20_____