

2023
City of Grayson
Business and Occupation Tax Application
PO Box 208 (mailing address)
475 Grayson Parkway
Grayson, GA 30017
770-963-8017 (office) 770-339-0687 (fax)
www.cityofgrayson.org

Fill in ALL information or this application will be returned.

Business Name: _____

Contact Name: _____

Street Address: _____

Mailing Address: _____

Business Telephone Number: _____ Email: _____

Property Owner Name: _____ Email: _____

Property Owner Address: _____

Property Owner Telephone Number: _____

NAICS Code: _____

Directions to find NAICS Code:

Go to <http://www.naics.com/search/> Enter keyword. Click Submit. Find the category that most fits what your business does and use that number. This is the responsibility of the license holder. The city will not look this up.

*******This application will be returned if any of the above information is left blank*******

Enclosed if applicable: **Initials or N/A required.**

- U.S. Citizen / Qualified Alien Affidavit (**requires notarized signature**) _____
- Private Employer Affidavit (**requires notarized signature**) **If you have 10 or more employees mark A. If you have 10 or more employees you are required to register with E-Verify. If you have 10 or less employees mark B.** The Federal Work Authorization Number is **NOT** your Federal Employer Identification Number (FEIN). _____
- Georgia Sales and Use Tax Affidavit _____
- Solid Waste Certification Affidavit _____
- If your business is required to have a State License you **must** submit a copy of the license. _____
- **Restaurants:** Submit a copy of your current Food Service Permit. _____

Definitions

Business: Each separate line of business or occupation operating at the same location is deemed to require a separate receipt, whether or not of same ownership. ****Note: Each line of Business must submit a separate application form.**

1. List here very specifically all types of goods sold or services rendered.

2. List normal operating hours: _____ **Unless your business has been granted a Special Use Permit for later hours you MUST close at midnight.**

3. Number of employees (Each separate employee including owners and/or officers on site, whether full time or part time, count as an employee):

- a) Greatest number of employees during previous year at one particular time. _____
On what date? _____
- b) Number of employees on December 31st of last year? _____
- c) Number of employees on January 1st (or first business day) of this year? _____
- d) Number of employees on date of submission of this application. _____
- e) Number of employees anticipated when business opens (if not yet open) _____

The greatest number of employees of either item (c) or (d), will be used in the Fee Rate Schedule below:

4. Fee Rate Schedule:

0 – 9 employees	\$ 75.00
10 – 19 employees	\$125.00
20 – 29 employees	\$175.00
30 – 39 employees	\$225.00
40 – 99 employees	\$275.00
100 and over	\$325.00

Current Business Receipt Fee: \$ _____

Emergency Contact Person After Business Hours:

Name: _____

Address: _____

Telephone: Day _____ Night _____

Applicant agrees to follow all City of Grayson guidelines and ordinances as stated in Section 38-63 of the City of Grayson Code of Ordinances and Section 1400 of the City of Grayson Zoning Ordinance.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Special conditions attached and made a part hereof:



O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath, as an applicant for a Business Occupation Tax Receipt as referenced in O.C.G.A. § 50-36-1, administered by the City of Grayson, Georgia, 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 this the ___ day of _____, 202__ in _____ (city), _____ (state).

*Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
___ DAY OF _____, 202__ :

NOTARY PUBLIC
My Commission Expires: _____

*This Affidavit must be signed by the same person who executes the Application Certification Form

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 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

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

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

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

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 202__ 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 _____, 202__.

NOTARY PUBLIC
My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



Certification Pursuant to the City of Grayson Solid Waste Ordinance

This is to certify that the Occupation Tax License holder noted below has commercial sanitation service as indicated. The undersigned understands that not having the required sanitation service may be cause for sanctions by the Grayson Code Enforcement Board.

Your Business Name on License: _____

Address of Business: _____

Name of Sanitation Service Provider: _____

Telephone Number of Provider: _____

I hereby certify, pursuant to law, that the above Business currently has the noted Sanitation Service.

Signature: _____

Print Name: _____

Your Title: _____

NOTE:

If your service is provided through the city then state that Latham Home Sanitation is your provider.