



Grayson

GEORGIA

City of Grayson

Business and Occupation Tax Application

PO Box 208

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: _____

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 the NAICS 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 is NOT your Federal Employer Identification Number (FEIN) _____
- Georgia Sales and Use Tax Affidavit _____
- Solid Waste Certification Affidavit _____
- If your business 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 of same ownership. ***Note: Each Line of Business must submit a separate application form.**

Sec. 38-47(B). Any person failing to obtain a renewal between January 1 and March 31 of each year, or any person failing to obtain a business license prior to commencement of a new business, shall, after 90 days, be liable for an **additional ten percent** of the amount required to be paid as a penalty for failure to obtain the appropriate license or licenses;

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 the 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
50 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 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 prequalified 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 be best 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 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) employees.

***** 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 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 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 _____, _____ 202__ in _____(City)_____ (state)

Printed Name and Title of Authorized Officer Agent

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____ 202__.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

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



GEORGIA SALES & USE TAX AFFIDAVIT

IN ACCORDANCE WITH O.C.G.A. 8-13-20-1 CITIES AND COUNTIES MAY COLLECT AND SUBMIT CERTAIN INFORMATION TO ENABLE THE GEORGIA DEPARTMENT OF REVENUE (877-423-6711) TO ENSURE THAT BUSINESSES ARE PROPERLY COMPLIANT WITH STATE AND LOCAL SALES TAX LAWS.

THE CITY OF GRAYSON, GEORGIA LEVIES AN OCCUPATION TAX UNDER O.C.G.A. 48-13-1 ET SEQ. AND PASSED A RESOLUTION ON APRIL 15, 2013 TO PARTNER WITH THE GEORGIA DEPARTMENT OF REVENUE IN AN EFFORT TO ENSURE PROPER PAYMENT OF SALES AND USE TAX.

ANY PERSON WHO PERFORMS ANY BUSINESS OCCUPATION OR PROFESSION SUBJECT TO AN OCCUPATION TAX OR REGULATORY FEE UNDER O.C.G.A 48-13-1 ET SEQ IS REQUIRED TO PROVIDE THE CITY OF GRAYSON THE FOLLOWING INFORMATION WHEN PAYING SUCH OCCUPATION TAX OR REGULATORY FEE:

BUSINESS INFORMATION

Legal Name of Business: _____

Does the business have a trade name or D/B/A.? _____ NO _____ YES (NAME) _____

Business Mailing Address: _____

Business Physical Address: _____

Sales and Use Tax ID Number assigned by the Georgia Department of Revenue _____
(DO NOT PROVIDE FEDERAL TAXPAYER ID NUMBER (FEIN))

_____ Check here if Georgia law does not require a Sales and Use Tax identification number for the business.

ACKNOWLEDGEMENT

I hereby understand and acknowledge that pursuant to O.C.G.A. 48.13.20.1 the City Of Grayson, Georgia may collect certain information which will be provided to the Georgia Department of Revenue to ensure that the business are properly compliant with State and local sales and use tax laws and that if any person refuses or fails to provide the required information, the City Of Grayson will notify the Georgia Department of Revenue. For any questions, please contact Georgia Dept Of Revenue at 877-423-6711 or website www.dor.georgia.gov

Acknowledge By: _____ Date _____

Print Name: _____ Title: _____



Certification Pursuant to the City of Grayson Solid Waste Ordinance

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

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.