



27 Sycamore Street Commerce, Georgia 30529

706.335.3164

Occupational Tax Certificate Application

The issuance of an Occupational Tax Certificate does not exempt you from complying with all zoning, building, and development code regulations of the City of Commerce.

General Business Information

Business Name: _____ DBA Name: _____

Address/Location: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Bill To/Mailing Address: _____

City: _____ State: _____ Zip: _____

- Will this be based out of your home? ___ Yes ___ No
- If “yes” you must attach a “Home Based Supplemental Form” to this application.
- Do you own the home or rent? Homeowner ___ Renter ___

Dominant Business Activity: (Explain)

Ownership Type: ___ Association ___ Corporation ___ Partnership ___ Single Owner ___ LLC

Applicant's Name: Owner/Agent's Name: _____

Owner/Agent's Address: _____

City: _____ State: _____ Zip: _____

- Applicant must provide copy of valid Georgia Driver's License or other governmental issued photographic identification with application (Passport, Military ID, or Georgia Driver's License).
- Has the owner, applicant, the stated business, or any legally or organizationally related entity had a Business Occupational Tax Certificate denied, suspended, or revoked with the past twelve (12) months?
___ No ___ Yes If yes, attach written explanation.
- **Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.**
- Total number of Full-Time Employees working onsite (includes owner/operator) _____

Make check payable to the City of Commerce, Please mail to 27 Sycamore St Commerce, GA 30529



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This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement(s) has been made herein to obtain a Business Occupation Tax Certificate. I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of my Business Occupational Tax Certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection reports(s) required prior to the issuances of a Business Occupational Tax Certificate. All tax certificates expire December 31 and must be renewed annually.

Signature _____ Position _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature/Seal _____ My Commission Expires: _____



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SAVE Affidavit

O.C.G.A 50-36-1 (e) (2) SAVE Affidavit Verifying Status for City Public Benefit

This form is required for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an applicant for a(n) _____ (business license), occupational tax certificate or other document required to operate a business], as referenced in O.C.G.A 50-36-1, from the City of Commerce, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

_____ I am a United States citizen

(Must include copy of either current State Driver's License, Passport, or Military ID)

_____ I am a legal permanent resident of the United States

(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

_____ 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.

(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

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)(I), 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.

_____ / _____

Signature of Applicant / Date

Printed Name of Applicant

Executed in _____ (city), _____ state.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ___ DAY OF _____, 20__.

_____ My Commission Expires: _____ NOTARY PUBLIC

SEAL



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License Procedures

Once you have returned your completed application to the City of Commerce, The City Clerk will forward your application to the Business License Review Committee. The applicant will be notified upon approval or denial.

Preferred Notification Method: Email Letter Phone Call: _____

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- Any applicants that require specialty state license must present license with application
 - Any applicant operating business that requires approval from the Department of Agriculture and Health Department must be completed before and presented with application before a business license can be issued.

I, _____, confirm that the facts state on this application are true. I understand that any fraudulent statement is grounds for termination of this application and revocation of any existing business licenses. I understand and agree to operate my business according to Federal, State and Local laws, ordinances, and regulations.

Applicant's Signature

Date

Notary Signature

Date



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E-Verify Private Employer Affidavit Pursuant to O.C.G.A 36-60-6(d)

This form is required by Georgia State Law

By executing this affidavit under oath, as an applicant for a(n) _____

[Business License, Occupation Tax Certificate, or other document required to operate a business] as referenced in O.C.G.A 36-60-6(d), from City of Commerce, Georgia, the undersigned applicant, representing the private employer, verifies that the company has less than 10 full-time company employees working onsite (physical address noted on Occupation Tax Application):

Company Name

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.

Signature of Authorized Officer Date

Printed Name and Title of Authorized Officer

Executed in _____ (City), _____ (State).

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC/SEAL

My Commission Expires

OFFICE USE ONLY: Downtown District _____ Lot _____ Block _____ Parcel _____ Value\$ _____

Rural Zone _____

Opportunity Zone _____