

CITY OF CLAXTON
 Post Office Box 829
 206 West Railroad Street
 Claxton, GA 30417
 Telephone (912) 739-1712, Fax (912) 739-0442

BUSINESS LICENSE APPLICATION

Date: _____

Email Address: _____

Name of Business: _____ DBA: _____

Mailing Address: _____

Street Address: _____ City: _____ State: _____

Date Started: _____ Business Phone: _____ Home Phone: _____ Cell Phone: _____

Owner/Owners _____ Manager: _____

Home Address: _____ City: _____ State: _____

Describe Principal Type of Business: _____

JANUARY 1 thru DECEMBER 31 each year OCCUPATIONAL TAX (BUSINESS LICENSE)

DUE JANUARY 1 - each year

A. Pursuant to O.C.G.A. 48-13-7, an occupation tax, based upon number of employees, in the State of Georgia is levied upon business and practitioners of professions and occupations with one or more locations or offices within the corporate city, the number of employees of the business or practitioner as computed on a full-time position basis or full-time equivalent basis provided that for the purpose of this computation, an employee who works 40 hours or more weekly shall be considered a full-time employee and that the average weekly hours of employees who work less than 40 hours weekly shall be added and such sum shall be divided by 40 to produce full-time equivalents in the State of Georgia in accordance with the following schedule:

NOTE: When figuring the number of employees, please include both full and part time. A minimum number of employees is 1 (one) for owner/operator – any employees thereafter will be 2, 3, etc.

a. 0-1 Employee-Owner/Operator	_____	X	\$25.00	=	\$ _____
Next 15 Employees	_____	X	\$25.00 per Employee	=	\$ _____
(MAXIMUM AMOUNT ON EMPLOYEES \$400.00)					
b. Administrative Fee					\$ _____
c. SUBTOTAL (Add lines A & B)					\$ _____
d. After January 31, Add 10% Penalty of Subtotal			(Subtotal x .10) Enter ----->		\$ _____
e. TOTAL Occupation Tax (Add lines A, B, C & D)					\$ _____

BUSINESS LICENSE APPLICATION (cont)

B. The term "Employee" shall mean an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, Federal Income Tax or State Income Tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 not a form I.R.S. 1099.

C. "Location of office" shall include any structure or vehicle where a business, profession, or occupation is conducted, but shall not include a temporary or construction worksite which serves a single customer or project or a vehicle used for sales delivery by a business or practitioner of a profession.

If you are a contractor and have a current business license with another city in Georgia, please provide a copy of that business license.

I hereby certify that the information reported herein is true and correct. I understand that any false information on this application or any unreported changes made after the issuance of a license will result in the revocation of said license.

Signature of Authorized Person Reporting

Printed Name of Authorized Person Reporting

Title of Authorized Person Reporting

Please return completed form with a check for the correct amount to the City of Claxton. Please note that practitioners of certain professions may choose to pay a flat fee of \$250.00 per practitioner.

**CITY OF CLAXTON
AFFIDAVIT VERIFYING STATUS
FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Claxton, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Claxton, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for:

(Name of natural person applying on behalf of individual, business, corporation, Partnership, or other private entity)

1. _____ I am a United States citizen

2. _____ I am a legal permanent resident 18 years of age or older I am an Otherwise qualified alien or non-immigrant under the Federal Immigration Act 18 years of age or older and lawfully present in the United States.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Printed Name:

Date Signed

Alien Registration number for non-citizens

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

NOTARY PUBLIC:
My Commission Expires:

*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:
