

SAVE AFFIDAVIT

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT PURSUANT TO O.C.G.A 50-36-1(E)(2) SUBMITTED TO DEPARTMENT OF FINANCE – OFFICE OF REVENUE

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate**, as referenced in O.C.G.A. 50-36-1, from the City of Smithville, 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.

Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

2) _____ I am a legal permanent resident of the United States.**

Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

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.**

Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

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 in _____ (City), _____ (State)

Signature of Applicant

Date

Printed Name of Applicant

Name of Business

Business License Acct No.

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC/SEAL

My Commission

Expires: _____

APPLICATION FOR
BUSINESS OR PROFESSIONAL LICENSE

In order to insure proper credit to your
Account, you must return this application.
Please verify all information listed and then
Complete this application as required

Return application to:
City of Smithville
P.O. Box 180
Smithville, Georgia 31787
(229)846-2101

THIS APPLICATION FOR:

_____ Corporation
_____ Co-Partnership
_____ Single Owner

NEW BUSINESS FOR CALENDAR YEAR 20_____

Business Name _____
Business Address _____

Business Location _____

Business Type _____

Owner's Name _____

SS# _____

Owner's Address _____

Business Phone _____ Home Phone _____

State Retail # _____ State beer License # _____
USDA/Food Permit # _____ Current City Smithville License # _____
Georgia Residential Builders# _____
Federal Tax ID# _____
Bonding Company _____
Insurance Company _____

Number of Employees..... _____
Number of Management Personnel..... _____

DUE BY JANUARY 1ST OF RENEWAL YEAR. PENALTY WILL BE ASSESSED IF DELINQUENT

(We) do hereby certify that all information provided is true and correct.
(We) do hereby certify that all personal property taxes have been paid which are due to the City of
Smithville.
(We) do hereby certify that the Business Name provided is the same as my Georgia Income Tax Return

Signature Title Date

Signature Title Date

Location of Business _____ Dated Started _____

Type of Business _____

Occupational Tax/Business License

An employee is defined as an individual whose work performed under the direction and supervision of the employer and whose employer withholds FICA, Federal Income Tax or State Income Tax from such individuals' compensation or whose employer issues to such individual for purposes of documenting compensation a form w-2 but not a form IRS 1099.

A minimum number of employees is one (1) for owner/operators.

The City may request supporting information such as Wage and Tax Reports to determine the accuracy of information.

0 – 1 Employees*****	\$65.00 Minimum Rate	\$ _____
2 – 10 Employees*****	\$15.00 per each employee	\$ _____
Next 10 Employees*****	\$11.25 per each employee	\$ _____
Next 10 Employees*****	\$ 8.44 per each employee	\$ _____
Next 10 Employees*****	\$ 6.33 per each employee	\$ _____
Next 10 Employees*****	\$ 3.80 per each employee	\$ _____
Next 10 Employees*****	\$ 1.52 per each employee	\$ _____

The total of the above is the amount of your Business License*****\$ _____

Alcohol and Beer License Tax*****\$200.00 fee (if applicable)*****\$ _____

Total Due the City of Smithville*****\$ _____

Receipt # _____ Cash__ MO__ Check__

I hereby certify that the information reported herein is true and correct.

Signature/Date

Printed Name/Title

For Office Use Only: License # _____

Issued On _____