

OCCUPATIONAL TAX CHECKLIST

RENEWALS ARE DUE BY DECEMBER 31, 2013, TO AVOID PENALTIES

****City Hall will be closed December 24 & 25****

You may now **MAIL IN** your payments with notarized affidavits (SAVE/E-verify) and photo copies of driver's license or documents verifying legal permanent resident or qualified alien status (your card with Alien Registration Number or other identifying document). **In order to complete your renewal, we must have a copy of your I.D. or verification documents attached.**

Notaries are available at City Hall at no charge – a copy of your ID must be provided for copying.

Please note:

- If you are a *United States Citizen* and have **already submitted** a SAVE form previously, **you do NOT have to resubmit the form and identification.**
- If you are a Legal Permanent Resident or Qualified Alien, **you must** submit the SAVE Form and provide verifiable identification (Alien Registration card or other identifying document) **EACH YEAR.**
- **You must complete the E-verify form** and, if you have more than 10 employees, include your E-verify Identification Number.

THE FOLLOWING ITEMS ARE REQUIRED to complete your Renewal:

- 2014 SAVE AFFIDAVIT - Please see note above on who is required to submit
- E-VERIFY FORM: COMPLETED WITH EITHER #1 OR #2 CHECKED OFF – IF #2 IS CHECKED, **YOU MUST** SUPPLY YOUR E-VERIFY IDENTIFICATION NUMBER or we cannot renew your Occ. Tax. (If done by mail, please be sure to have your SAVE/ E-Verify forms notarized before sending).
- COMPLETED APPLICATION INDICATING ANY CHANGES** (REVERSE SIDE OF THIS CHECKLIST)
- CASH, CHECK OR MONEY ORDER, PAYABLE TO CITY OF PEACHTREE CITY**
 - **(SEE ENCLOSED FEE SCHEDULE BASED UPON # OF EMPLOYEES)**
- COPY OF 501(C) STATUS FOR NON-PROFIT ORGANIZATIONS** (IF APPLICABLE)** A COPY OF THIS IS REQUIRED EVERY YEAR TO PROVE STATUS**

YOUR APPLICATION FOR RENEWAL WILL NOT BE PROCESSED IF YOU HAVE OUTSTANDING DEBT THAT IS OWED TO THE CITY. THIS INCLUDES, BUT IS NOT LIMITED TO, STORMWATER UTILITY AND FALSE ALARM FEES.

If your business has CLOSED and will not be operating in calendar year 2014, please write CLOSED with date of business closure on your renewal application and fax notice to 770-631-2505, drop off at City Hall, or mail to address above. Any questions, please call Customer Service @ 770-487-7657.

Thank you, City Clerk's Office



2014 OCCUPATIONAL TAX RENEWAL

151 Willowbend Rd, Peachtree City, GA 30269
 P: 770-487-7657 F: 770-631-2505
WWW.PEACHTREE-CITY.ORG

Office use Only	
Receipt # _____	
Date Filed ____ / ____ / ____	
Fee _____	Issued by _____

The information contained below is based upon the information that you supplied on your 2013 application.
PLEASE VERIFY & CORRECT IF NECESSARY.

Office Use Only	
STORMWATER VERIFICATION	OK? YES NO Signature: _____ Date: _____

BUSINESS INFO	Current Registration # Business Name Doing Business As (DBA) Business Description Do you collect sales tax? <input type="checkbox"/> No <input type="checkbox"/> Yes - Sales Tax Id# _____ SIC code 501C\State License\Registration #_«STATE_NUM»_____ If Applicable Phone _____ Fax _____ *Email Required for Every Business «EMAIL» Website «WEBSITE_ADDRESS»	BUSINESS TYPE <input type="checkbox"/> Home Based <input type="checkbox"/> Non-Home Based <input type="checkbox"/> Non-Profit\Exempt	VILLAGE <input type="checkbox"/> Aberdeen <input type="checkbox"/> Glenloch <input type="checkbox"/> Braelinn <input type="checkbox"/> Kedron <input type="checkbox"/> Wilksmoor <input type="checkbox"/> Industrial
	Name of Subdivision\Retail Center\Building: «SUBDIVISION»		

BUSINESS LOCATION	Physical Street Address Only – No P.O. Box	MAILING ADDRESS	Mailing Address same as Physical Address? <input type="checkbox"/> Yes <input type="checkbox"/> No Address Suite # State : _____ Zip _____ *Contact Name: _____ *Contact Number: _____
	Address Suite # City «BUSINESS_CITY» State «BUSINESS_STATE» Zip «BUSINESS_ZIP»		

OWNER	Name Phone Email	CONTACT INFORMATION	LOCAL EMERGENCY CONTACTS\KEY HOLDERS
	Name: _____ Phone: _____ 1) _____ 2) _____ 3) _____		ALARM COMPANY Name: _____ Phone: _____
MANAGER	Name Phone Email		

NON-PROFIT \ EXEMPT	Fee: Annual Administrative Fee Only = \$ 20.00 If this business is claiming Non-Profit\Exempt status, photocopied documentation is required at time the application is submitted or renewed.	Is the photocopied documentation attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
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FEE	# of Full-Time (40-hr) Employees → (Two 20-hr employees = 1 full-time employee)	Renewal notices are mailed out each November. In the event that you do not receive a renewal notice, remember it is YOUR responsibility to pay your fee by December 31 for the following calendar year. FAILURE TO RENEW PRIOR TO THE DEADLINE WILL RESULT IN PENALTIES. Payment methods: <u>Cash or Check ONLY.</u> Information provided on this form is subject to disclosure as a public record under the Georgia Open Records Law.
	TOTAL OCCUPATIONAL TAX DUE = (SEE CHART ENCLOSED) \$	
(Min Payment \$105 Max Payment \$6,000)		

I hereby certify that I am the Owner/Agent of this business and that all information provided as a part of this application is true and correct. If this business is Home-Based as checked above, I certify that I have received a copy of the regulations governing the operation of a home occupation and that I understand these regulations.

Signature of Owner/Agent: _____ Date _____

Completion of this form does not guarantee or grant issuance of an Occupational Tax Certificate. The City of Peachtree City reserves the right to not issue or renew a certificate in cases which there are documented violations of City Codes and/or Ordinances, other taxes or fees are owed to the City by the business or its owners, or in which the business or location fails to meet requirements set forth by the City of Peachtree City or applicable state and federal laws. Failure to complete this form in its entirety or provide all required information will result in rejection of the application.



CITY CLERK
 151 Willowbend Road
 Peachtree City, GA 30269
 Phone: 770-487-7657
 Fax: 770-631-2505
 www.peachtree-city.org

**2014 Calendar Year
 Affidavit Verifying Status for
 City Public Benefit Application**

By executing this affidavit under oath, as an applicant/representative, for a City of Peachtree City, Georgia Business License or Occupational 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 Peachtree City Occupational Tax Certificate, Alcohol License or other public benefit

Company Name: _____

Applicant Name: _____

CHOOSE ONLY ONE:

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident* of the United States 18 years of age or older, please include Alien Registration Number here: _____
- 3) _____ I am a qualified alien or non-immigrant* under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. Please record identifying number here: _____

* 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.

In making the above statement 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 OCGA Section 16-10-20, and face criminal penalties allowed by such statute.

NOTARIZATION REQUIRED:

 Signature of Applicant/Representative
 (MUST be signed in front of Notary)

 Date of Birth

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

 Printed Name

 Date

 Notary Public

My Commission Expires: _____

Contact Phone: _____

