

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.**

<i>Office Use Only</i>	
<b>STORMWATER VERIFICATION</b>	OK? YES NO      Signature: _____ Date: _____

<b>BUSINESS INFO</b>	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 <b>Required</b> for Every Business      «EMAIL» Website «WEBSITE_ADDRESS»	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: x-small;">BUSINESS TYPE</th> <th style="font-size: x-small;">VILLAGE</th> </tr> <tr> <td><input type="checkbox"/> Home Based</td> <td><input type="checkbox"/> Aberdeen</td> </tr> <tr> <td><input type="checkbox"/> Non-Home Based</td> <td><input type="checkbox"/> Glenloch</td> </tr> <tr> <td><input type="checkbox"/> Non-Profit\Exempt</td> <td><input type="checkbox"/> Braelinn</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Kedron</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Wilksmoor</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Industrial</td> </tr> </table>	BUSINESS TYPE	VILLAGE	<input type="checkbox"/> Home Based	<input type="checkbox"/> Aberdeen	<input type="checkbox"/> Non-Home Based	<input type="checkbox"/> Glenloch	<input type="checkbox"/> Non-Profit\Exempt	<input type="checkbox"/> Braelinn		<input type="checkbox"/> Kedron		<input type="checkbox"/> Wilksmoor		<input type="checkbox"/> Industrial	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: x-small;">Name of Subdivision\Retail Center\Building:</th> </tr> <tr> <td style="height: 40px;"> </td> </tr> </table>	Name of Subdivision\Retail Center\Building:	
	BUSINESS TYPE	VILLAGE																	
<input type="checkbox"/> Home Based	<input type="checkbox"/> Aberdeen																		
<input type="checkbox"/> Non-Home Based	<input type="checkbox"/> Glenloch																		
<input type="checkbox"/> Non-Profit\Exempt	<input type="checkbox"/> Braelinn																		
	<input type="checkbox"/> Kedron																		
	<input type="checkbox"/> Wilksmoor																		
	<input type="checkbox"/> Industrial																		
Name of Subdivision\Retail Center\Building:																			
<b>BUSINESS LOCATION</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: x-small; background-color: #cccccc;">Physical Street Address Only – No P.O. Box</th> <th style="font-size: x-small;">MAILING ADDRESS</th> </tr> <tr> <td style="width: 50%;">           Address _____            Suite # _____            City «BUSINESS_CITY» _____            State «BUSINESS_STATE» Zip «BUSINESS_ZIP» _____         </td> <td style="width: 50%;">           Mailing Address same as Physical Address? <input type="checkbox"/> Yes <input type="checkbox"/> No            Address _____            Suite # _____            State : _____ Zip _____            *Contact Name: _____            *Contact Number: _____         </td> </tr> </table>	Physical Street Address Only – No P.O. Box	MAILING ADDRESS	Address _____ Suite # _____ City «BUSINESS_CITY» _____ State «BUSINESS_STATE» Zip «BUSINESS_ZIP» _____	Mailing Address same as Physical Address? <input type="checkbox"/> Yes <input type="checkbox"/> No Address _____ Suite # _____ State : _____ Zip _____ *Contact Name: _____ *Contact Number: _____														
Physical Street Address Only – No P.O. Box	MAILING ADDRESS																		
Address _____ Suite # _____ City «BUSINESS_CITY» _____ State «BUSINESS_STATE» Zip «BUSINESS_ZIP» _____	Mailing Address same as Physical Address? <input type="checkbox"/> Yes <input type="checkbox"/> No Address _____ Suite # _____ State : _____ Zip _____ *Contact Name: _____ *Contact Number: _____																		
<b>OWNER</b>	Name _____ Phone _____ Email _____	<b>CONTACT INFORMATION</b>																	
<b>MANAGER</b>	Name _____ Phone _____ Email _____																		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: x-small;">LOCAL EMERGENCY CONTACTS\KEY HOLDERS</th> </tr> <tr> <td style="font-size: x-small;">Name: _____ Phone: _____</td> </tr> <tr> <td style="font-size: x-small;">1) _____</td> </tr> <tr> <td style="font-size: x-small;">2) _____</td> </tr> <tr> <td style="font-size: x-small;">3) _____</td> </tr> <tr> <th style="font-size: x-small;">ALARM COMPANY</th> </tr> <tr> <td style="font-size: x-small;">Name: _____ Phone: _____</td> </tr> </table>		LOCAL EMERGENCY CONTACTS\KEY HOLDERS	Name: _____ Phone: _____	1) _____	2) _____	3) _____	ALARM COMPANY	Name: _____ Phone: _____									
LOCAL EMERGENCY CONTACTS\KEY HOLDERS																			
Name: _____ Phone: _____																			
1) _____																			
2) _____																			
3) _____																			
ALARM COMPANY																			
Name: _____ Phone: _____																			

<b>NON-PROFIT \ EXEMPT</b>	<b>Fee:</b> Annual Administrative Fee Only = \$ 20.00 <b>If this business is claiming Non-Profit\Exempt status, photocopied documentation is required at time the application is submitted or renewed.</b>	Is the photocopied documentation attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

<b>FEE</b>	<b># of Full-Time (40-hr) Employees</b> → (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 <b>YOUR</b> responsibility to pay your fee by <b>December 31</b> for the following calendar year. <b>FAILURE TO RENEW PRIOR TO THE DEADLINE WILL RESULT IN PENALTIES.</b> 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.
	<b>TOTAL OCCUPATIONAL TAX DUE =</b> <b>(SEE CHART ENCLOSED)</b>		
(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.