

**Business License Application
Occupational Tax Entry Form**

Business Legal Name _____
DBA (Doing Business as Name) _____
Business Start Date _____
Home Based Business ___ Yes ___ No Customer Account Number _____
Email Address: _____

Entity Address Information

Mailing Address Info	Business Address Info
Address _____	Address _____
City _____	City _____
State _____	State _____
Zip Code _____	Zip Code _____

Business Registration Information

[] **New License** [] **Renewal**

**Sales Tax Use	** Federal Employer
Tax ID Number _____	ID Number _____

****North American Industry Classification Code** _____
Website: www.census.gov/eos/www/naics (A six (6) digit number)
***Affidavit Verifying Status Form**

Ownership Type Code: Individual _____ Corporate _____
Partnership _____ Or other private entity _____ LLC _____

Business Owner/Officer Information

Owner/Officer 1:	Owner/Officer 2:
SSN: _____	SSN: _____
Name _____	Name _____
Phone Number _____	Phone Number _____
Description of Business _____	

****Attach copy of Drivers License***

Applicant Signature _____
Date: _____

Business License Fee:

Administrative Fee:	\$100.00
____ Employee @ \$10.00 each:	\$ _____
Total Fee:	\$ _____

Please return form with Check payable to:
City of Social Circle, P.O. Box 310, Social Circle, Ga. 30025
If any questions, please do not hesitate to call City Hall @ (770)464-2380.
***Information Required
***Affidavit attached must be filled in and signed.

Required Confirmations

If any of the following are checked, departmental approval is required prior to issuance of a business license.

- [] Walton County Health Dept. approved? Yes___ No___ Signature_____
- [] Planning / Zoning Dept. approved? Yes___ No___ Signature_____
- [] City Code Enforcement approved? Yes___ No___ Signature_____
- [] Fire Department approved? Yes___ No___ Signature_____
- [] Social Circle Police Department approved? Yes___ No___ Signature_____
- [] Other: _____ approved? Yes___ No___ Signature_____
- [] State Fire Marshall (if required) approved? Yes___ No___ Signature_____
- [] Grease Trap (Letter) approved? Yes___ No___ Signature_____
- [] Professional State Certification Number: _____
- [] Mobile: [] Bond [] Liability Insurance (Insurance Company name : _____ Policy # _____)

Professions Requiring State Certifications (OCGA Title 43-___ - ___)

“X” Any and all that applies to your profession, or to the type of business being conducted.

- | | | | |
|------------------------------------|----------------------------------|-------------------------------|-------------------------------|
| [] *Accountant 3-6 | [] *Dentist 11-40 | [] Geologist 19-10 | [] Pest Control 45-9 |
| [] *Architect 4-11 | [] Dental Hygienist 11-70 | [] Hearing Aid Dealer 20-7 | [] *Physical Therapist 33-11 |
| [] Athlete Agent 4A-4.1 | [] Dictician 11A-8 | [] *Landscape Architect 23-5 | [] *Physicians 34+ |
| [] Athletic Trainer 5-7 | [] Driving Instr. /School 13-6 | [] *Land Surveyor 15-12 | [] Private Detective 38-6 |
| [] *Attorney | [] DUI School 13-6 | [] *Marriage Therapist 10A-7 | [] *Psychologist 39-6 |
| [] Auctioneer 6-9 | [] Elect, Plumb, HVAC 14-8 | [] Motor Veh. Racetrack 25-2 | [] R/Estate Appr. 39A-7 |
| [] Audiologist 44-7 | [] *Engineer 15-9 | [] Nurse 26-7 | [] R/Estate Brkr/Sales 39A-7 |
| [] Barber 7-11 | [] *Family Therapist 10A-7 | [] Nursing Hm. Adminr 27-6 | [] *Social Worker 10A-7 |
| [] *Chiropractor 9-7 | [] Firearms Dealer 16-2 | [] Occupational Thrapst 28-8 | [] Speech Pathologist 44-7 |
| [] Cosmetologist 10-8 | [] *Funeral Dir/Embalming 18-40 | [] Optometrist/Optician 29-7 | [] *Veterinarian 50-30 |
| [] Counselor (Professional) 10A-7 | | | |

A Copy of State License will need to be attached to the application in order to process Business License application request from The City of Social Circle.

Initial Below:

___ I acknowledge that Occupational Tax Certificates are business type specific. Example – If you close your clothing store and reopen a jewelry store (at the same location), you must obtain a new license.

___ I acknowledge that Occupational Tax Certificates are site specific. Example – If you move your business from one location to another, you must obtain a new license. (No Charge)

___ I acknowledge that Occupational Tax Certificates are owner specific. If you sell your business to someone else, the new owner must obtain a new license.

___ I acknowledge that, to the best of my knowledge, my business complies with all requirements of the City of Social Circle requirements including but not limited to, any health permits, bonds, certificates, licensing, zoning approvals and the like; and that failure to obtain, maintain and comply with any of the above may result in revocation of my license(s).

___ In order to safeguard property, employees and the general public, I acknowledge that, upon prior notice by city or state officials, the structure housing my business may be inspected for compliance with any or all applicable codes and ordinances, and that any violations will be corrected prior to issuance of an Occupational Tax Certificate.

___ I acknowledge that I will cooperate with the City of Social in all matters for obtaining an Occupational Tax Certificate(s).

I hereby warrant that I fully understand the information requested and/or stated above, and that the information submitted herein is true and factual to the best of my knowledge. I further understand that giving false information on this application shall constitute grounds for revocation of my business license.

Signature _____ Date _____

Print Name _____

Affidavit Verifying Status For City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Social Circle, 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 Social Circle, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (check 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

OR

2) _____ I am a legal permanent resident 18 year of age or older or I am an Otherwise qualified alien or non-immigrant under Federal Immigration and Nationality 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: Date

Print Name:

*

BEFORE ME ON THIS THE
SUBSCRIBED AND SWORN

Alien Registration number for non-citizens

___ DAY OF ___, 20___

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:

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one: (A) _____ On January 1st of the below-signed year, the individual, firm, or _____ corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below. Section 2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____ Name of Private Employer
_____ Federal Work Authorization User
_____ Identification Number
_____ Date of Authorization -----

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, ____, 20__ in _____ (city), _____ (state).

_____ Signature of Authorized Officer or Agent
_____ Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20__.
_____ NOTARY PUBLIC My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.