

City of Greensboro  
 212 North Main Street  
 Greensboro, GA 30642  
 Phone: (706) 453-7967 Fax: (706) 453-2912

**APPLICATION FOR OCCUPATIONAL TAX**

Application Date: 1/16/2018

License Year: 2018

**AVOID PENALTY**

This Application with remittance in full must be completed and returned with full payment on or before 01/15/2018.  
 If no longer in business, please indicate and return the application.

**Business Contact Information**

BUSINESS NAME		PHYSICAL LOCATION		
MAILING ADDRESS		CITY	STATE	ZIP PHONE
TAX ID NUMBER	EVERIFY NUMBER	RESPONSIBLE PERSON		EMAIL

**Emergency Contact**

NAME		PHONE	MOBILE
ADDRESS		CITY	STATE ZIP

**Business Information**

NAICS CODE	OTHER LICENSE
BUSINESS DESCRIPTION	OWNERSHIP TYPE (Corp, Individual, Partnership, etc.)
ACCOUNTANT	BONDING COMPANY BOND NUMBER

OFFICE USE ONLY	CODE	RESIDENT	RENEW	FAL
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**Calculation of License Fee Based on Rate Schedule:**

Rate Schedule	Base Amount (\$)	Rate (\$)	For Each	Total Fee (\$)
For Gross Receipts between 0.00 and 0.00	0.00 + (	0.0000 ×	0.00 ) =	

**Calculation of License Fee** (See rate schedule above)

Number of Employees _____	License Fee _____
1-9 EMPLOYEES \$50.00	Late Payment Penalty _____
10-49 EMPLOYEES \$75.00	TOTAL PAYMENT _____
50+ EMPLOYEES \$100.00	

\_\_\_\_\_  
 Signature Title Date

PLEASE MAKE ANY CHANGES IN THE APPROPRIATE AREAS.

## *Sample Affidavit Verifying Status for City Public Benefit Application*

By executing this affidavit under oath, as an applicant for a City of \_\_\_\_\_, 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 \_\_\_\_\_, 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

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise 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.\*

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

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens

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:

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