



Occupational Tax / Business Licensing

P.O. Box 300 700 Hwy 293

Emerson, GA 30137 770-382-9819 Fax 770-606-1731

www.cityofemerson.org

OFFICIAL USE ONLY

Business License No. _____

For Year _____

Date Paid _____

Zoning Approval _____

BUSINESS LICENSE APPLICATION

Business Name _____ Business Start Date _____

Corporate Name _____ New _____ Change _____ Renewal _____

Business Location _____ Phone # _____

_____ State Sales Tax # _____

Mailing Address _____ Federal ID # _____

_____ State ID # _____

Email _____

Description of Business _____

Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietor

Property Zoned _____

Home Occupation ☐ Yes ☐ No

STATE LICENSE ONLY

State License # _____

State License Type _____

Expiration Date _____

PERSONAL INFORMATION - Enter below, names of Owners, Partners or Corporate Officers.

Owner _____ Title _____

Home Address _____ Drivers License # _____

_____ Phone _____

Business Contact _____ Title _____

Home Address _____ Drivers License # _____

_____ Phone _____

Certification and Acknowledgement

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Emerson Municipal code Section 16 23-48. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by January 1st.

Signature _____ Title _____ Date _____

Occupational Tax based on number of employees.

Number of Employees

| Business Class | Number of Employees | License Fee |
|----------------|---------------------|-------------|
| Class 1 | 0-1 | \$120.00 |
| Class 2 | 2-5 | \$210.00 |
| Class 3 | 6-10 | \$270.00 |
| Class 4 | 11-50 | \$365.00 |
| Class 5 | 51-100 | \$435.00 |
| Class 6 | 101-200 | \$705.00 |
| Class 7 | 201-500 | \$1,045.00 |
| Class 8 | 501-1000 | \$1,380.00 |
| Class 9 | 1000 or over | \$1,715.00 |

Please select the Business Class your business falls into.

Class _____

Amount due from above chart

Administrative Fee

Tax _____

\$30.00

TOTAL DUE

Please make checks payable to: City of Emerson. Cash and credit cards are also acceptable forms of payment.

If your business is exempt from Occupational Tax please provide a reason for that exemption per our ordinance on the line provided below.

Affidavit Verifying Eligibility for Public Benefit

By executing this affidavit under oath, as an applicant for Occupation Tax Certificate as referenced in O.C.G.A. § 50-36-1, from the City of Emerson, 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.
(Provide documentation.)
- 2)_____I am a legal permanent resident of the United States.
(Include front & back of permanent resident card.)
- 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.
(Include front & back of resident card.)

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.
allowed by such criminal statute.

Form of ID used to verify identification _____

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).

Subscribed and sworn before me on the
_____day of _____, 20 ____

Printed name of applicant

NOTARY PUBLIC

Signature of Applicant

My commission expires: _____

Date

COPY OF PICTURE ID MUST BE ATTACHED.

E-Verify Affidavit

E-verify Registration can be access through:
www.dhs.gov/e-verify

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

By executing this affidavit, the undersigned private employer verifies its compliant with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Business

☐ I employ more than 10 employees and have registered with E-Verify as required by law.

E-Verify / Federal Work Authorization User Identification Number

Date of Authorization

☐ I do not employ more than 10 employees and exempt from registering with E-Verify.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ (city), _____ (state).

Subscribed and sworn before me on the
_____ day of _____, 20____

Printed name of applicant

NOTARY PUBLIC

My commission expires: _____

Signature of Applicant

Date