

CITY OF VIDALIA    PHONE: (912) 537-7661 302 E 1 <sup>ST</sup> ST, STE C    EMAIL: <a href="mailto:taxclerk@vidaliga.gov">taxclerk@vidaliga.gov</a> VIDALIA, GA 30474		<b>OCCUPATIONAL TAX - APPLICATION</b>
<b>PRE-APPLICATION CHECKLIST</b>		
<b>INDUSTRY SPECIFIC</b>		
<b>GA Office of Regulatory Services</b>	Required if operating any type of nursing, personal care, or group home. Childcare Operation must contact Bright from the Start	
<b>GA Dept of Agriculture</b>	Inspection and approval required for selling food, seafood, and for bakeries.	
<b>Toombs County Health Department</b>	Food Service permit required if serving and/or preparing food including trucks, mobile carts, and stationary stands.	
<b>GENERAL REQUIREMENTS (IF APPLICABLE)</b>		
<b>Certificate of Incorporation and/or LLC</b>	GA Secretary of State	
<b>Proof of Owner's Identity</b>	For sole ownership or partnerships, government issued photo identification is required for each owner. For corporations, certificate of organization & list of officers.	
<b>Professional Certification</b>	GA Secretary of State – copy of current state license or certification required.	
<b>GA Sales/Use Tax Number</b>	Required when selling any type of goods or products.	
<b>Federal Tax ID Number</b>	EIN Number is required for ALL businesses with employees operating within the State of Georgia.	
<b>Non-Profit Status</b>	501(C)3 letter confirming non-profit status in name of the business.	
<b>Veterans Exemption</b>	Veterans requesting tax exempt status must submit <b>Certificate of Exemption</b>	
<b>Department of Homeland Security</b>	E-Verify number required if operating with more than 10 employees. Visit <a href="http://www.uscis.gov/e-verify">www.uscis.gov/e-verify</a> to obtain an E-Verify number.	

<b>APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:</b>	
▪	Copy of Driver's License of Applicant
▪	Copy of State Certification/Professional License(s) **if applicable**
▪	Copy of Business Insurance **if applicable or requested by Tax Clerk**
▪	Signed & Notarized Affidavits
▪	Completed Application

BUSINESS INFORMATION		
TODAY'S DATE (MM/DD/YYYY)	BUSINESS OPENING DATE (MM/DD/YYYY)	
LEGAL STRUCTURE <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY (LLC) <input type="checkbox"/> CORPORATION		
LEGAL ENTITY NAME (AS SHOWN ON TAX DOCUMENTS)		
TRADE NAME (DBA)		
FEDERAL EIN	GA SALES TAX ID	
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PHYSICAL ADDRESS		
CITY	STATE	ZIP CODE
APPLICANT INFORMATION		
LAST NAME	FIRST NAME	M.I.
BIRTH DATE (MM/DD/YYYY)	SSN #	
PLACE OF EMPLOYMENT		
CELL PHONE #	HOME PHONE #	WORK PHONE #
EMAIL ADDRESS		
RATE STRUCTURE		
TYPE	DESCRIPTION	AMOUNT
ADMINISTRATIVE FEE	NON-REFUNDABLE FLAT FEE APPLIED TO ALL APPLICATIONS	\$70.00
NUMBER OF EMPLOYEES	FULL-TIME (OR EQUIVALENT) EMPLOYEES EX: 2 PART TIME EMPLOYEES @ 20 HRS/EACH = 1 FULL-TIME EMPLOYEE	_____ X \$20.00
<b>TOTAL</b>		

**SAVE AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION**

TO BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC

By executing this affidavit under oath, as an applicant for Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit, as referenced in O.C.G.A § 50-36-1, from the City of Vidalia, the undersigned applicant verifies one of the following with respect to the applicant’s application for public benefit:

1.  I am a United States Citizen.
2.  I am a legal permanent resident.
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.

The undersigned applicant also hereby verifies that the applicant is eighteen (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), with this affidavit.

The secure and verifiable document provided with this affidavit can be best classified as:

In making the above representation under oath, the applicant understands 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.

X

**SIGNATURE OF APPLICANT**

**DATE**

**PRINTED NAME OF APPLICANT**

**\*ALIEN REGISTRATION NUMBER OF NON-CITIZEN**

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

NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

*\*NOTE: O.C.G.A 50-6-1(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:*

**E-VERIFY AFFIDAVIT PURSUANT TO O.C.G.A § 36-6-6(d)**  
 TO BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC

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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.  
 \*\*\*If you select Section 1(A), please fill out section 2 and then execute below. \*\*\*
  
- B.  On January 1<sup>st</sup> 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 then 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 ID NUMBER (E-VERIFY)

\_\_\_\_\_  
 DATE OF AUTHORIZATION

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

X \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED OFFICER OR AGENT

\_\_\_\_\_  
 PRINTED NAME & TITLE OF AUTHORIZED OFFICER OR AGENT

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

\_\_\_\_\_  
 NOTARY PUBLIC  
 My Commission Expires: \_\_\_\_\_