

Occupation Tax Application Information

APPLICATIONS ARE ACCEPTED BETWEEN THE HOURS OF 8:00AM – 4:00PM.

APPLICATIONS THAT DO NOT CONTAIN ALL OF THE REQUIRED DOCUMENTATION WILL NOT BE ACCEPTED.

THE FOLLOWING DOCUMENTS ARE REQUIRED ATTACHMENTS TO THE OCCUPATION TAX PERMIT APPLICATION:

- Copy of the lease or deed for the business address
- Copy of Secretary of State Registration along with a list of all officers for corporations
- Copy of State license for professions listed under Title 43 of O.C.G.A.
- S.A.V.E. affidavit (included in the application)
- E-Verify affidavit (included in the application)
- List of all subcontractors and independent agents including name, phone number, and address
- Evidence that all appropriate health permits, bonds, certificates of qualification, certificates of competency, or any other regulatory documentation if required by law

BUILDING INSPECTOR & FIRE MUST APPROVE ALL APPLICATIONS

EACH SUBCONTRACTOR OR INDEPENDENT AGENT MUST FILL OUT AN OCCUPATION TAX RETURN.

ALL BUSINESS LICENSES ARE DUE AND PAYABLE WHEN THE BUSINESS IS COMMENCED

ANY NEW BUSINESS OPENING AFTER APRIL 1 OF THE CURRENT YEAR SHALL BE PRO-RATED QUARTERLY

ALL LICENSES EXPIRE DECEMBER 31 OF THE CURRENT YEAR ISSUED

ALL SIGNS MUST BE APPROVED BEFORE INSTALLATION

CITY OF FORT VALLEY

Alcohol Beverage License Application Procedures and Requirements

1. The application for Alcohol Beverage License must be completed in full by the applicant. Every item on the application must be completed. No item shall be left blank.
2. Applicant signatures must be notarized prior to submitting application. All supporting documents and affidavits must be fully completed and submitted with the application. We will not accept incomplete applications.
3. Businesses that are new or under renovation must be at least 50% near completion before application will be accepted.
4. A copy of the following documents must be included with your application. Any application that does not provide COPIES of the following documents will be returned to the applicant.
 - ❑ Lease or Deed for business location issued in the name of business owner (must provide a copy to remain with the application)Original Only of the following:
 - ❑ Proof of US Citizenship or Legal Permanent Resident
(Certified US Birth Certificate, Certificate of Naturalization, Certificate of US Citizenship, US Passport, Permanent Resident Card)
 - ❑ Picture ID (Driver's License, GA Photo ID)
 - ❑ Health Permit (required for on premises consumption of alcohol) Peach County Department of Environmental Health 478-825-6939
 - ❑ Passport size photos (2) for local manager applicant
 - ❑ Registered Agent Consent Form
5. If the business is listed as a Corporation you must provide a copy of the Certificate of Incorporation from the GA Secretary of State (sos.state.ga.us)
6. Contact The Leader Tribune to place ad in paper and request to be on the next council meeting to go before the Mayor and council for approval
**** AD HAS TO RUN IN THE NEWSPAPER FOR TWO WEEKS****
7. All Tax liabilities required by the GA Department of Revenue must be met.
8. All applications and supporting documents must be returned to the City of Fort Valley City Hall Finance Department, 204 W. Church Street, between the hours of 8:30 a.m. and 4:00 p.m. ONLY.
9. All administrative fees must be paid at the time of filing
10. Investigative administrative cost of \$50.00 for new Local Manager on existing license payable to City of Fort Valley (if applicable) In event of the change of a local manager, applicant MUST notify the City and apply for new Local manager within 3 business days
11. **Fingerprints are required. You will be provided instructions upon submission of a complete alcohol application.**

Occupation Tax application has been submitted for any other business activity conducted in conjunction with alcoholic beverage sales from the location.

***Each business must have 4-inch street numbers on building.

***Any license for alcoholic beverage packaged to go is required to install a continuous video recording system dedicated to each register area with cameras and lens of type, number and location approved by the Chief of the Police Department.

Section _____ of the City Code

***All alcoholic beverage packaged-to-go establishments must have security cameras or three or more employees on duty at all times

Fort Valley Police Department 478-825-3383

IDENTIFICATION CHECK

It shall be the duty of the person selling or otherwise furnishing alcoholic beverages to any person to request to see and be furnished with proper identification in order to verify the age of such person.

Section _____ of the City Code

COPY OF ALCOHOLIC BEVERAGE ORDINANCE is attached for YOUR records.

All holders of a license for the sale of alcoholic beverages shall keep a copy of ordinance on the premises. Section _____ of the City Code

Business Licenses expire December 31 of the current year. The designated alcohol agent shall make application for renewal in person no later than February 1 of the following year.

The Business License office can be reached for information during normal business hours,
Monday - Friday, at 478-825-8261

This application (and attachments) is subject to the penalties of false swearing. Any license issued pursuant to this application is conditioned upon the truth of the answers and statements provided and anything to the contrary shall constitute cause for the suspension or revocation of any license issued.

License fees cannot be prorated, are specifically issued, are location sensitive **AND MAY NOT BE TRANSFERRED**. Any changes to the information contained on this application shall negate this license and be cause for a new license - both local and state - and must precede any business activity on the part of the new owner or location. Failure to notify the city in writing of any change occurring during the licensed year, for which a license issued pursuant to this application would require a different answer, shall be cause for the revocation of this license.

Questions should be directed to City Hall Finance Department
478-825-8261

I have read and understand this information on this _____ day of _____, 20_____

Applicant for Alcoholic Beverage License



**CITY OF FORT VALLEY
OCCUPATION TAX APPLICATION
204 W CHURCH STREET
FORT VALLEY, GA 31030
(478) 825-8261**

Check One: New Application **Amended Application**

Applicant _____ Date _____
("Applicant" is the individual or corporation in which the license is to be issued)

Employee ID/Tax ID/SS# _____ DOB _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name of Business _____

Business Address _____ Phone _____

City _____ State _____ Zip _____

Owner of Business _____ DOB _____

Owner Address _____ Phone _____

City _____ State _____ Zip _____

Check One: Partnership Corporation LLC Sole Owner

Address _____ Phone _____

City _____ State _____ Zip _____

Representative of Corporation _____

Local Manager _____ DOB _____

Manager Address _____ Phone _____

City _____ State _____ Zip _____

Dominant Line of Business _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Preferred Email Address _____

Number of Employees _____

Average number of employees during the last 12 months of business at this location, including full-time equivalent employees, owner, and family members working in the business _____

OATH AND CONSENT STATEMENT

I declare, under penalty of perjury, that this information has been examined by me, and to the best of my knowledge and belief is true, correct, and complete. I further acknowledge that any false information contained herein shall be grounds for rejection of the application or revocation of license.

APPLICANT'S SIGNATURE

TITLE

DATE

Sworn to and subscribed before me
this _____ day of _____, 20_____.

NOTARY _____

CITY OF FORT VALLEY OFFICIAL USE ONLY

Lease/Deed _____
Health Permit _____
State License _____

SAVE _____
E-VERIFY _____
S.O.S. Registration _____

Dept. of Ag. _____
(If required)

Zoning/Building Official

Fire Department

Code Enforcement

Health Department

City Administrator

City Clerk

COMMENTS:

OCCUPATION TAX FEE SCHEDULE

GROSS RECEIPTS BRACKETED CLASSIFICATION SCHEDULE

	RANGE BRACKETS		CLASS / RATE					
	At Least	No More Than	1	2	3	4	5	6
A	0	\$25,000	\$40	\$42.50	\$45	\$47.50	\$50	\$52.50
B	\$25,001	\$50,000	\$50	\$55	\$60	\$65	\$70	\$75
C	\$50,001	\$100,000	\$70	\$80	\$90	\$100	\$110	\$120
D	\$100,001	\$250,000	\$130	\$155	\$180	\$205	\$230	\$255
E	\$250,001	\$500,000	\$230	\$280	\$330	\$380	\$430	\$480
F	\$500,001	\$1,000,000	\$430	\$530	\$630	\$730	\$830	\$930
G	\$1,000,001	\$2,000,000	\$830	\$1,030	\$1,230	\$1,430	\$1,630	\$1,830
H	\$2,000,001	\$5,000,000	\$2,030	\$2,530	\$3,030	\$3,530	\$4,030	\$4,530
I	\$5,000,001	\$7,500,000	\$3,030	\$3,780	\$4,530	\$5,280	\$6,030	\$6,780
J	\$7,500,001	\$10,000,000	\$4,030	\$5,030	\$6,030	\$7,030	\$8,030	\$9,030
K	\$10,000,001	\$12,500,000	\$5,030	\$6,280	\$7,530	\$8,780	\$10,030	\$11,280
L	\$12,500,001	\$15,000,000	\$6,030	\$7,530	\$9,030	\$10,530	\$12,030	\$13,530
M	\$15,000,001	\$17,500,000	\$7,030	\$8,780	\$10,530	\$12,280	\$14,030	\$15,780
N	\$17,500,001	\$20,000,000	\$8,030	\$10,030	\$12,030	\$14,030	\$16,030	\$18,030
O	\$20,000,001	\$22,500,000	\$9,030	\$11,280	\$13,530	\$15,780	\$18,030	\$20,280
P	\$22,500,001	\$25,000,000	\$10,030	\$12,530	\$15,030	\$17,530	\$20,030	\$22,530
Q	\$25,000,001	\$27,500,000	\$11,030	\$13,780	\$16,530	\$19,280	\$22,030	\$24,780
R	\$27,500,001	\$30,000,000	\$12,030	\$15,030	\$18,030	\$21,030	\$24,030	\$27,030
S	\$30,000,001	and over	0.040%	0.050%	0.060%	0.070%	0.080%	0.090%

* If Gross Receipts exceed \$30,000,001, multiply Rate times Gross Receipts for Business Tax Class. Round to nearest dollar. Maximum Tax is \$30,000.



Professional Practitioners:

Certain Practitioners of Professions may elect to pay a \$300 per practitioner fee in lieu of paying an occupation tax on gross receipts

Penalties:

Every person(s) corporation or company engaging in a business taxed under this chapter who fails to apply for a license and pay the business and occupation tax by April 1st of any given year shall be assessed a penalty in the amount of 10% of the regular tax at the time of payment or \$50, whichever sum is greater

Interest:

Interest at 1.5% for each month or partial month of delinquency shall also be included

Financial Institution and Insurer Fees:

The minimum annual amount of business license tax for any Depository Financial Institutions shall be \$1,000
The annual amount of business license tax for any Insurer shall be \$75

TAX RATES EFFECTIVE OCTOBER 1, 2024

Affidavit Verifying Status for City of Fort Valley Public Benefit Application

By executing this affidavit under oath as an applicant for the City of Fort valley Georgia Business Occupation Tax Certificate Alcohol License Tax 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 the (check one)

- City of Fort Valley Business Occupation Tax Certificate
 Alcohol License
 Tax Permit

If person is applying on behalf of a business, specify the NAME AND ADDRESS of the business

NAME	ADDRESS	CITY	STATE	ZIP CODE
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I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O C G A § 50-36-1. Such documents are defined by O C G A § 50-36-2 and made available on the State Attorney General's website

- 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 nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States *

If #2 is selected above, a copy of one of the following documents must be attached to the Affidavit:

- | | |
|---|--|
| 1 Unexpired foreign passport | 2 Naturalization Certificate |
| 3 Employment Authorization Card (I-766) | 4 Machine Readable Immigrant Visa (w/Temp I-551 lang) |
| 5 Refugee Travel Document (I-571) | 6 Temporary I-552 Stamp (on passport or I-94) |
| 7 Permanent Resident Card (I-551) | 8 I-94 (Arrival/Departure Record) in unexpired foreign passport |
| 9 Reentry Permit (I-327) | 10 Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) |
| 11 Certificate of Citizenship | 12 Certificate of Eligibility for Exchange Visitor (E-1) Status (DS-2019) |

I am 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.

Company _____

Signature of Applicant

Date

Address _____

Printed Name

THIS FORM MUST BE NOTARIZED

* _____
Alien Registration number for non citizens

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

Notary Public

*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 _____

APPLICANTS AND RENEWALS FOR OCCUPATIONAL LICENSES

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

By executing this affidavit under oath as an applicant for an occupational tax license (business license, occupational tax certificate or other document required to operate a business) as referenced in O C G A § 36 606(d) from the City of Fort Valley the undersigned applicant representing the private employer known as _____ (printed name of business/private employer) verifies one of the following with respect to my application for the above mentioned document

→ Complete this section (effective as of July 1, current year. Check (A) or (B). Required

- (A) On July 1st of the below signed year the individual, firm or corporation employed **more than ten (10) employees.**
- (B) On July 1st of the below signed year the individual, firm or corporation employed **fewer than ten (10) employees.**

COMPLETE THIS SECTION IF, AND ONLY IF, YOU CHECKED ITEM (A) ABOVE

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(a) The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

ALL APPLICANTS MUST SIGN BELOW, HAVE NOTARIZED AND RETURN WITH YOUR APPLICATION OR PAYMENT TO OBTAIN AN OCCUPATION TAX LICENSE

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 allowed by such statute

Executed on the _____ day of _____, 20___ in _____ (city) _____ (state)

→ _____
Signature

→ PRINT LOCAL BUSINESS NAME HERE:

_____ Print Name and Title

Sworn to and subscribed before me this _____ day of _____, 20_____

_____ Notary Public

My Commission Expires: _____

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for _____ days from date of signature.

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E Employment
<input type="checkbox"/>	M Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	N Employment direct care with Elderly
<input type="checkbox"/>	W Employment direct care with Children
<input type="checkbox"/>	P Public Record (no consent required)
<input type="checkbox"/>	F Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	Z Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

 Agency Designee Signature and Title

APPROVALS

For Office Use Only Do not Complete this Page

Date of Meeting _____

Applicant Notified _____

POLICE DEPARTMENT

Background check YES NO

APPROVED DISAPPROVED

APPROVED DISAPPROVED

Chief, Police Department _____

Date _____

Comments _____

FIRE DEPARTMENT

Building meets all City Fire Code provisions YES NO

APPROVED DISAPPROVED

Chief, Fire Department _____

Date _____

Comments _____

ZONING AND BUILDING CLASSIFICATION

Current Zoning Classification of Location _____ Proper Classification YES NO

Location meets municipal and state distance requirements? YES NO

APPROVED DISAPPROVED

Zoning Compliance Officer _____

Date _____

Comments _____

Building and/or premises has been inspected and approved YES NO N/A SEE COMMENTS

If applicable, copies of building plans have been submitted YES NO N/A SEE COMMENTS

APPROVED DISAPPROVED

Building Official _____

Date _____

Comments _____

LICENSING OFFICIAL

Appropriate documentation, fees & approvals received for placement on Council's agenda YES NO

Presented to Council on _____

APPROVED DISAPPROVED

License # _____

Receipt # _____

Licensed printed YES NO

Date _____

State License Verification _____

Licensing Official _____

CITY ADMINISTRATOR

APPROVED DISAPPROVED

City Administrator _____

Date _____

Comments _____

CITY OF FORT VALLEY
ALCOHOL APPLICATION
P.O. BOX 956
FORT VALLEY, GA 31030
(478) 825- 8261

Received by
(Office Use Only)

Applicant _____ Date _____

(Applicant is the individual or corporation in which the license is to be issued)

Type of License: Retail Consumption on Premises Wholesaler Other (Specify) _____
Alcohol Sold: (Check all that apply) Beer Wine Liquor

Type of Business: Package/Liquor Store Bar/Lounge Convenience Store Distillery Tavern Grocery Store Brewery Winery Restaurant Other _____

Sunday Sales: Are you going to be selling alcohol beverages on Sunday? Yes No

If eating establishment, do you derive at least 50 percent of your total annual gross sales from the sale of prepared meals or food? Yes No

Name of Business _____

Business Address _____ Phone _____

City _____ State _____ Zip _____

Owner of Business _____ DOB _____

Owner Address _____ Phone _____

City _____ State _____ Zip _____

Check One: Partnership _____ Corporation _____ LLC _____ Sole Owner _____

Corporation Address _____ Phone _____

City _____ State _____ Zip _____

Local Manager: Name of person to be manager who shall actively operate the business on a day to day basis for which the application is filed (MUST RESIDE WITHIN 30 MILE RADIUS)

Local Manager _____ DOB _____
Manager Address _____ Phone _____
City _____ State _____ Zip _____
Compensation _____ Hours on premises _____

Designated Agent: Name of person to be registered agent must be a resident of or Peach or Houston County

Registered Agent _____
Address _____ Phone _____
City _____ State _____ Zip _____

County of Residency (Must be a Peach or Houston County resident)

Name of Partners if Partnership or Name of Officers if Corporation

Name and Address of 20% Shareholders if Corporation

Business Entity: (for correspondence and compliance with local ordinance)

Name _____
Address _____ Phone _____
City _____ State _____ Zip _____
Taxpayer ID# _____ Date Incorporated _____

Non-Profit Status: (If applicant is applying on behalf of a non-profit organization, as recognized by the Internal Revenue Service, state the following)

Name of Organization _____

When and where chartered _____

Applicant's office and duties in said organization _____

Federal Employer ID# _____

Has a federal tax for #9990 been filed for said organization for previous years? _____

List all licenses currently in effect at this location

LICENSE TYPE	TRADE NAME	LICENSE#

No person may knowingly and intentionally sell or offer to sell

- a Any retail package liquor within 600 feet of any school ground O C G A 3-3-21 (a-c)
- b Any retail package malt beverages or wine within 300 feet of any school ground
- c Any retail liquor within 300 feet of any church building
- d Any liquor, malt beverages and/or wine within 300 feet of any government owned and operated alcohol treatment center O C G A 3-4-49
- e Any new retail package liquor within 500 yards of an existing licensed retail package liquor location GA Admin Reg 560-2-2-32

Do you comply with distance requirements as above stated? () Yes () No

Do you own the property in which this business will be operated? () Yes () No

(If no, list below the name and address of the property owner and/or building owner, if separate. Also, a copy of the lease agreement must be attached.)

Name _____

Street Address _____

City _____ State _____ Zip _____

Monthly Payment _____

Has any individual, firm, partnership, or corporation currently or previously applied for a Warner Robins License in alcoholic beverage and liquors at the address where the Business is to be conducted? () Yes () No

If yes, complete the following

Name _____

Business Address _____

Date of Application _____

Disposition _____
