

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



INSTRUCTIONS FOR APPLYING FOR

OCCUPATION TAX LICENSE aka BUSINESS LICENSE PLEASE READ PRIOR TO COMPLETING APPLICATION!

We are pleased to assist you in any way possible in your new business venture and are happy you have chosen Fort Valley as the location for your business. A City of Fort Valley Occupation Tax License is exactly what its name implies, a city-executed document which indicates that the applicant has met all requirements to operate a business within the city limits. It does NOT indicate the quality or quantity of services provided by said business. Our City Code provides for an occupation tax to be paid by each business which operates within the city limits of Fort Valley upon opening and annually. **REMEMBER, YOUR LICENSE IS TO BE DISPLAYED IN THE BUSINESS FOR PUBLIC VIEW AT ALL TIMES.**

PLEASE NOTE: An occupation license does NOT give you the right to open your business. You must obtain a Certificate of Occupancy (CO) which is a document that certifies that a building is safe and ready to be used by verifying the structure complies with local building codes, usage regulations, and safety requirements. New buildings must have CO, and existing buildings must have a current or amended CO when there is a change in use, egress, or type of occupancy.

THE APPLICATION

- Items which must accompany all applications are as follows: **(incomplete applications will increase the processing time)**
 - * Completed Application - **PLEASE COMPLETE ALL AREAS**
 - * Picture ID
 - * Evidence of SS# OR Tax ID#
 - * Evidence of Ownership of Site OR Signed and Dated Lease (if you do not own the property on which you are seeking to do business, then permission by property owner must be provided in the form of a signed/dated lease)
 - * (2) Completed, Signed, Notarized Citizenship Affidavits (Required)
 - * E-VERIFY - If you have an E-Verify Number, **PLEASE INCLUDE THAT NUMBER ON THE APPLICATION**. If you do not have an E-Verify number or do not know whether your business requires one, you may obtain additional information by going to e-verify.gov. The Department of Homeland Security requires that these numbers be kept on file and reported to them annually.
- Existing licenses cannot be transferred from one location to another or from one entity to another. Once the application is complete and all required items are secured, proceed to the Planning & Zoning Department which is located 201 Oakland Heights Pkwy, Fort Valley, Georgia, 31030. Zoning related issues may be discussed regarding your business and applications are usually approved at this point but occasionally zoning approvals require more time and an inspection of the site may be required. **Please allow 1 – 2 days for processing if necessary.** Once zoning approval is secured, proceed to the Finance Department, located in City Hall, 204 W Church St, Fort Valley, Georgia 31030 with application and required documentation.

GENERAL FEES

- License fees are based on annual GROSS receipts however, for the first year, or portion thereof anticipated gross receipts are projected into a range (a listing of ranges is included in this packet) For instance, if the business is opened in June, gross receipts from June to December of the current year are projected the first year Example if the anticipated gross receipt for the business falls somewhere between \$20,000 - \$30,000 the RANGE \$5,000 - \$49,999 should be recorded in the space provided on the application since the projection of \$20-30,000 falls BETWEEN the range of \$5,000 - 49,000
- In addition to the license fee, there is an administrative fee of \$50 which is a part of each new and/or renewed license each year

ANNUAL RENEWALS

- Once the initial occupation tax license is received, renewals are automatically sent to the mailing address provided in January of each calendar year Upon release of renewals, a 60-day window opens during which time businesses provide to this office their ACTUAL GROSS RECEIPTS as of December 31st of the previous year That document can be mailed, faxed, or emailed back to this office and upon receipt, an invoice is provided to ensure prompt payment and receipt of your license

PROFESSIONAL FEES

- Professional licenses pertain to those PERSONS who fall into categories of physician, attorney, CPA, funeral director, etc The annual fee for these categories is \$400 plus the \$50 administrative fee However, if the referenced professional is just beginning practice, is nearing retirement or is engaged in part-time practice, it may be more advantageous to choose the gross receipts method of reporting previously described This office will be glad to discuss your individual situation **THESE LICENSES ARE ISSUED IN THE NAME OF THE PROFESSIONAL RATHER THAN THE BUSINESS** Example The license for Bob Brown or Brown & Associates would be applied for and issued in the name of Bob Brown, not Brown & Associates.
- Upon processing your information, an invoice will be provided via email, US Mail, FAX or personally You may indicate your preference for invoicing Fees may be mailed via US Mail, in person or online We do not accept phone payments Methods of payment include cash, MC or VISA, check or money order

TRANSIENT VENDORS

- Our Code describes Transient Vendors as those who have no permanent place of business within the corporate limits of the city, and who solicit, take orders, peddle or sell articles, goods or merchandise of any kind, regardless of whether such activity is done from house to house, temporary stand, automobile, truck or other mode of transportation Please contact this office so that we may discuss your specific requirements, based on your situation The cost for a transient vendor license is \$100 per day plus a \$50 administrative fee

We do realize that the requisite red tape/paperwork which goes along with most any type of application or licensing process can be daunting It is our job to make that task less stressful! Just call us or email us and we will be glad to help

City of Fort Valley Finance Department
P. O. Box 956 Fort Valley, GA 31030
204 W Church St Fort Valley, Ga 31030



**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 _____

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

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 (J-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

Building meets all City Fire Code provisions YES NO

Building meets all City Fire Code provisions YES NO

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 _____