Al Hoyle, Mayor
Lori Pierce, City Clerk
Angie Leyva, Court Clerk
Andrew Mathis, Code Enforcer

COUNCIL MEMBERS:
Claudia Penland
Tom Crawford, Al Fuller
Kevin Pritchett
Thomas Griffith

CITY OF ELLIJAY
197 N Main Street Ellijay, GA 30540
706-635-4711

2027 OCCUPATIONAL TAX REGISTRATION
BUSINESS LICENSE RENEWAL FORM

January 1st late fee of $100 charged monthly, March 1st daily Citations, and April 1st business closures.

Name of Business: _____

Owner's name: _____ Cell Phone number: _____

Business Partner/Manager name: _____ Cell Phone number: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

Federal Tax ID/SS#: _____ Sales Tax ID: _____

Number of Employee's: _____ E-Verify #: _____

Occupational Tax Schedule

# of Employees	Amount of Taxes Due	# of employees	Amount of Taxes Due
0-4	$100	51-100	$750
5-10	$150	101-200	$1,500
11-30	$250	201-300	$3,000
31-50	$500	Over 300	$3,000 + $10 for each additional employee

Under penalty of perjury, I declare I am authorized to make this application and that to the best of my knowledge and belief it is a true, correct and complete statement made in good faith for the period stated, in compliance with the provisions of the Ellijay Business License Ordinance. I also understand that my license will expire on December 31st each year and I will be in violation of City Ordinance and subject to the penalties provided should I allow my license to lapse. I understand that it is my responsibility to notify the City of Ellijay upon closure of my business and failure to do so will make me responsible for all taxes associated with this business.

Owner's Signature: _____ Date_____

PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE WITH RENEWAL FORM
If you hold a Professional License, please include a copy with this application.

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AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By Executing This Affidavit Under Oath, As An Applicant For A City of Ellijay, 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 Ellijay, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit 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. *

2a) _____
***Alien Registration Number For Non-Citizens**

DOB: _____/_____/_____

***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:**

_____
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.

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

_____
****(Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)**

_____
Signature of Applicant

_____
Printed Name

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)

CHECK ONLY ONE:

☐ **By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation 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 § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:**

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

OR

☐ **By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6 stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize 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. § 36-60-6.**

_____
Signature of Exempt Private Employer

_____
Printed Name

MUST BE AFFIXED WITH NOTARY SIGNATURE AND SEAL

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____DAY OF _____, 20____.

_____ _____/_____/_____
Notary Public My Commission Expires