OCCUPATION TAX APPLICATION
CITY OF WARNER ROBINS
OCCUPATION TAX DIVISION
202 N. DAVIS DR
PMB 718
WARNER ROBINS, GA. 31093
(478) 302-5593 or (478) 929-1133

This application is not for these types of business:
Alcohol, Bondsmen, Carnivals, Circuses, , Pawnbrokers,
Peddlers, Secondhand Dealers, Tattoo Parlors, Taxi Cabs, Tent Sales

***Are you a public employee as defined under O.C.G.A. Sec. 50-18-72(a)(21)- this includes employees of the State of Georgia, any Georgia county, city or agencies and commissions; other political subdivisions; teachers in public, charter and nonpublic schools; and employees in certain early care and education programs? _____YES_____NO

Check One: New ____
Amended____

NAME OF BUSINESS _____ DATE _____

BUSINESS ADDRESS _____ BUS INESS PHONE_____

CITY _____ STATE _____ ZIP _____

FEDERAL I.D. # _____EMAIL_____

OWNER _____ SS# _____ BIRTH DATE _____

OWNERS ADDRESS _____ PHONE _____

CITY_____ STATE _____ ZIP _____

MANAGER _____ SS#_____ BIRTH DATE _____

MANAGER ADDRESS_____ PHONE _____

CITY_____STATE _____ ZIP _____

CHECK ONE: PARTNERSHIP _____ CORP _____ LLC _____ SOLE OWNER _____

IF CORPORATION: NAME _____ ADDRESS _____

City _____ State _____ Zip _____

DOMINANT LINE OF BUSINESS _____

IF EATING ESTABLISHMENT DO YOU DERIVE AT LEAST 2/3 OF YOUR TOTAL ANNUAL GROSS FOOD AND BEVERAGE SALES FROM THE SALE OF PREPARED MEALS OR FOOD.

YES/NO

NUMBER OF EMPLOYEES # _____ (fee based on number of employees) includes a $25.00 administrative fee

AVERAGE NUMBER OF EMPLOYEES DURING THE LAST 12 MONTHS FOR BUSINESS AT THIS LOCATION. (FULL TIME EQUIVALENT INCLUDING OWNER AND FAMILY MEMBERS WORKING IN BUSINESS):

NOTE
Each subcontractor or independent agent must fill out an occupation taxation return. List on a separate sheet of paper the name, address and phone number of that subcontractor or independent agent. Enclose this listing with your return.

****

CERTIFICATION

I certify that the forgoing information is true and correct.
I understand that falsification of any part of this tax return may cause denial or closure of business:

Applicant Signature _____
This _____ Day of _____, _____

*REQUIREMENTS**

** BUILDING INSPECTOR & FIRE MARSHAL MUST APPROVE ALL APPLICATIONS (Inspections Tue & Thurs 9:00am-12:00 only, building must be open for Inspection). You will be contacted for an appointment by that office.

** COPY OF LEASE OR DEED FOR BUSINESS ADDRESS MUST BE SUBMITTED WTH APPLICATION

** ANY PERSON ENGAGED IN A PROFESSION OR BUSINESS REQUIRED TO BE LICENSED BY THE STATE UNDER TITLE 43, MUST PROVIDE A COPY OF SUCH LICENSE.

** ANY BUSINESS REQUIRED TO OBTAIN HEALTH PERMITS, BONDS CERTIFICATES OF QUALIFICATIONS, CERTIFICATES OF COMPETENCY, OR ANY OTHER REGULATORY MATTER MUST PROVIDE EVIDENCE THAT REQUIREMENTS HAVE BEEN MET.

** ALL BUSINESS LICENSE ARE DUE AND PAYABLE WHEN THE BUSINESS IS COMMENCED

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

** ALL LICENSE EXPIRE DECEMBER 31 OF THE CURRENT YEAR ISSUED

** ALL BUSINESS MUST HAVE FOUR INCH STREET NUMBERS ON BUILDING BEFORE APPROVAL (CODE SECTION 6-1)

** ALL SIGNS MUST BE APPROVED BEFORE INSTALLATION

** DOCUMENTS OR FORMS REQUESTED MUST BE COPIED PRIOR TO TURNING IN TO CITY CLERK'S OFFICE. WE CANNOT MAKE COPIES FOR YOU.

** S.A.V.E. AFFIDAVIT (attached)

** E-VERIFY AFFIDAVIT (attached)

** THE APPLICATION CANNOT BE TURNED IN WITHOUT ALL REQUESTED FORMS & DOCUMENTS.

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

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

For Official Use Only
City of Warner Robins

Lease ____ Health Permit___ State License ____ Dept Agriculture __ SAVE ___ E-VERIFY __

_____ Building Official

_____ Fire Department

_____ Zoning Official

_____ Date Issued

City Clerk

COMMENTS:

_____
_____
_____
_____
_____

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

By executing this affidavit under oath, as an applicant for a(n) _____ [*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from Warner Robins, GA [*name of county or municipal corporation*], the undersigned applicant representing the private employer known as _____ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

1. **Choose ONE of the following:**

   (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected (a) please fill out Section 2 below.*

   (b)_____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

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(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

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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 ___date of _____, 201___ in _____ (city), _____(state)

_____

Signature of Authorized Officer or Agent

_____

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 201___.

_____
NOTARY PUBLIC

My Commission Expires:

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____ [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from Warner Robins, GA [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

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.

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.

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

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).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires:

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]