

CITY OF RICHMOND HILL
APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE
New Business year _____

Legal Business Name _____ DBA (Doing Business As) _____

Full Physical Address of Business (No PO Box) _____

Business Telephone Number _____ Fax Number _____ Email _____

Full Business Mailing Address _____

Type of Ownership GA Corporation Foreign Corporation Sole Owner Partnership Other

List Names of Owner(s), Partners, or Officers (Attach Separate Sheets if Necessary)

Name Date of Birth Phone Number Residence Address Title

Contact Person & Title _____ Contact Phone _____ Email Address _____

Federal ID _____ Sales Tax Id _____

Date business commenced in incorporated City of Richmond Hill, GA _____ Number of Employees _____

Does this business require a State of Georgia license? Yes No If yes, provide expiration date _____

Provide description of primary business activity: _____

Is this a Home Occupation Business? Yes No If yes, you must complete the "Home Business Affidavit"

In order for your certificate to be issued, submit the following documentation with your application and payment

- IF applicable, submit a copy of your State of Georgia license
- IF you are a convenience store, submit a copy of the latest Dept. of Agriculture license
- IF you are a restaurant, submit a copy of your current Health Dept Inspection Grade Certificate
- IF you are engaged in a profession or business required to be licensed by the state under Title 43, you must provide evidence of such licensure to the City of Richmond Hill
- IF you are a Home Occupation Business, you are required to complete and return the Home Occupation Affidavit
- ALL applicants must submit the "Affidavit Verifying Status of Benefit Applicant", this document must be notarized
- ALL applicants must submit the "Private Employer Affidavit", this document must be notarized
- ALL applicants must submit a secure and verifiable document. For a full list of acceptable documents please visit the Attorney General of Georgia's website at <http://law.ga.gov>

The occupation business tax is based on the total gross receipts of the business. Complete below for computation of fees.		
1.	Gross Receipts: _____ (-50,000.00) x () rate + 50.00 <small>(Report gross receipts even if under \$50,000 gross receipts under \$50,000 will pay a base fee of \$50.00) The gross receipts reported must come from your most recent filed IRS Federal Income Tax Return</small>	\$
The IRS Has issued a ruling that a copy of your Federal Income Tax Return May be required to be attached to your Business Occupational Tax Certificate Application. _____ (Must Initial)		
2.	Professional Practitioners May Elect to pay a flat fee per practitioner instead of based on Gross receipts. Report # of Professional Practitioners _____ x \$400.00 <small>If per practitioner fee is chosen, please submit a separate application for each practitioner.</small>	\$
3.	Subtotal of Fees Due from (Line 1 or Line 2)	\$
4.	Penalty of 10% due on April 1 st and after	\$
5.	Interest of 1% due monthly beginning on April 1 st	\$
6.	Administrative fee is due for ALL applications and renewals	\$ 150.00
7.	Total Fees Due (Lines 3 through 6)	\$
Financial Institutions minimum business tax due is \$1,000.00		

I hereby swear under penalty of perjury that the information reported on this worksheet is to the best of my knowledge true, correct and complete. I understand that the issuance of the occupational tax certificate does not permit the business to operate unless the business is properly zoned and in compliance with all applicable City of Richmond Hill and State of Georgia ordinances and regulations. I understand that if it is determined that my business certificate requires board certification. I must submit a copy of that board certification along with my renewal. I understand that failure to supply ALL required and or applicable documentation could result in a delay of the issuance of my Business Certificate.

Printed Name _____ Title _____ Email _____

Signature _____ Date _____ Phone _____

CITY OF RICHMOND HILL

LAWFUL PRESENCE AFFIDAVIT

Pursuant to O.C.G.A § 50-36-1, all persons who – either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity – apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A § 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

I am a United States citizen, or

I am a legal Permanent Resident of the United States, or

I am qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Title *Alien Registration # for Non-citizens _____

Business Name TIN or SSN _____

Applicant must submit a notarized copy of this affidavit.

Notarized this _____ Day of _____, in the State of Georgia,
County of _____.

Notary Public

Commission Expires

*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:

_____ Another Identifying Number

CITY OF RICHMOND HILL

PRIVATE EMPLOYER AFFIDAVIT

Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for 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 the City of Richmond Hill, the undersigned applicant representing the private employer, verifies on of the following with respect to the application for the above mentioned documents:

1. Fill out this section after December 1, 2013.

a) On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

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

If the employer selected (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).

2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, 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 listed below:

Federal Work Authorization user Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false statement, 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 by such statute.

Executed on this _____ day of _____, 20__ in _____ (City),
_____ (State)

Signature of Authorized Officer or Agent

Business Name

Printed Name and Title of Authorized Officer or Agent

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

Notary Public

My Commission Expires

CITY OF RICHMOND HILL

HOME BUSINESS AFFIDAVIT

The term "*Home Business Office*" applies to an office within a dwelling which is secondary to the use of the structure for dwelling purposes. The office may be service or trade workers who customarily work at different locations, such as electricians, plumbers, appraisers, or individuals who work at home, such as writers or computer programmers. Home business (telephone use only) offices are not offices for customer servicing. Customers are prohibited from visiting the office and there may be no signs indicating the presence of such an office on the premises.

The term "*Home Occupation*" applies to an occupation, customarily carried on within a home by the owner or spouse of the owner for gain or support, involving the sale of only those articles, products, or services produced on the premises, conducted entirely within a dwelling unit and conducted entirely by persons residing in that dwelling unit, using only that equipment as it customarily found in home and involving no display of articles or products. The floor area normally used to conduct said operation or professions does not exceed 25% of the total floor area of the home. There shall be no change to the exterior of the building or premises. No traffic shall be generated in greater volume than would normally be expected in a residential neighborhood, no mechanical equipment is used or activity is conducted which creates any dust, noise, odor, or electrical disturbance beyond the confines of the lot on which said occupation is conducted. No such business shall be conducted in an accessory building.

PLEASE COMPLETE THE INFORMATION BELOW REGARDING THE NATURE OF YOUR BUSINESS.
ATTACH ADDITIONAL PAGES IF NECESSARY.

Check One Home Business Office Home Occupation

Name and Address of Business: _____

Type of Business and Service Offered: _____

Will customers come to the home? If yes, frequency: _____

Will deliveries be made to the home? If yes, frequency: _____

Will you store materials/equipment? If yes, describe: _____

Will commercial vehicles be parked at the home? If yes, describe: _____

I HAVE READ AND I FULLY UNDERSTAND THE ABOVE REQUIREMENTS FOR A HOME BUSINESS OFFICE / HOME OCCUPATION AND AGREE TO CONDUCT MY BUSINESS UNDER THESE REQUIREMENTS.

Signature

Date