

**CITY OF WATKINSVILLE CODE COMPLIANCE DEPARTMENT**

**OCCUPATIONAL TAX DIVISION**

191 VFW Drive • P.O. Box 27 • Watkinsville, Georgia 30677 • 706-769-5161 • (fax) 706-769-4760

**OCCUPATION TAX APPLICATION**

*APPLICATION MUST BE PRINTED OR TYPED*

DATE OPENING AT THE BELOW BUSINESS LOCATION \_\_\_\_\_

APPLICATION FOR HOME OFFICE \_\_\_\_\_ HOME BUSINESS \_\_\_\_\_ COMMERCIAL LOCATION \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_ LEASE \_\_\_\_\_ (if rent or lease residential property, must provide approval letter from owner)

SPECIAL USE PERMIT APPLIED FOR \_\_\_\_\_ NO \_\_\_\_\_ YES (attach copy of approval letter)

DOES THIS OCCUPATION REQUIRE YOU TO OBTAIN A HEALTH PERMIT / FOOD SERVICE PERMIT \_\_\_\_\_ NO \_\_\_\_\_ YES  
(if yes, copy of Health Food Permit from Environmental Health Specialist required)

IF HOME OCCUPATION, WILL THERE BE TRAFFIC \_\_\_\_\_ NO \_\_\_\_\_ YES

WILL YOU CONDUCT BUSINESS AT MORE THAN ONE FIXED LOCATION \_\_\_\_\_ NO \_\_\_\_\_ YES

BUSINESS NAME \_\_\_\_\_

DBA \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_  
(MUST BE A PHYSICAL LOCATION – NO POST OFFICE BOXES ACCEPTED)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

TYPE OF BUSINESS AND BRIEF DESCRIPTION OF ACTIVITIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAICS CODE \_\_\_\_\_ ([www.census.gov/cgi-bin/sssd/naics/naicsrch](http://www.census.gov/cgi-bin/sssd/naics/naicsrch))

STATE LICENSE \_\_\_\_\_

(INCLUDE COPY) NAME ON LICENSE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

TYPE OF OWNERSHIP SOLE OWNERSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION CC SC PC LLC

BUSINESS OWNER \_\_\_\_\_ PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Ga. Sales Tax #** \_\_\_\_\_ **Federal EIN #** \_\_\_\_\_

(Dept of Revenue)

(IRS)

The refusal to provide the information above shall be provided to the Georgia Department of Revenue. The failure or refusal of such person to provide such information shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 45-13-20.

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- (a) All parties, not described elsewhere, engaged in or carrying on business within the City of Watkinsville, are to pay a non-refundable administrative fee of \$25.00 plus a flat fee and an additional sum based upon the number of employees.
- (b) Use the attached fee schedule to compute tax amount.
- (c) Renewals are due by January 1.
- (d) A late charge of 10% will be added to all applications received after March 15.
- (e) A site inspection may be conducted before the issuance of the license.

$$\frac{\$25.00}{\text{Admin. Fee}} + \frac{\text{Flat Fee}}{\text{Flat Fee}} + \left( \frac{\text{\# of Employees}}{\text{\# of Employees}} \times \frac{\text{Additional Fee per Employee}}{\text{Additional Fee per Employee from table below}} \right) = \$ \frac{\text{Tax Due}}{\text{Tax Due}}$$

TOTAL NUMBER OF EMPLOYEES \* \_\_\_\_\_

\* The owner and any family members working for the business, whether paid or not, should be included in this count per Sec. 43-13-10 O.C.G.A.

NUMBER OF EMPLOYEES	ADMIN. FEE	+	FLAT FEE	+	ADDITIONAL FEE PER EMPLOYEE
1	\$ 25.00	+	\$ 40.00	+	N/A
2	\$ 25.00	+	\$ 60.00	+	N/A
3 – 20	\$ 25.00	+	\$ 60.00	+	\$ 8.00 PER EMPLOYEE IN EXCESS OF 2
21 – 100	\$ 25.00	+	\$ 204.00	+	\$ 6.00 PER EMPLOYEE IN EXCESS OF 20
101 AND OVER	\$ 25.00	+	\$ 684.00	+	\$ 4.00 PER EMPLOYEE IN EXCESS OF 100

**EXAMPLES OF HOW TO CALCULATE TAX DUE**

3 EMPLOYEES    25.00 + 60.00 + (1 X \$8.00) = \$93.00                      25 EMPLOYEES    25.00 + 204.00 + (5 X \$6.00) = \$259.00  
 110 EMPLOYEES    25.00 + 684.00 + (10 X \$4.00) = \$749.00

I hereby make application for an occupation tax license to conduct the above-described business in the City of Watkinsville. I understand that prior to issuance of said license, all applicable City Ordinances must be met and all fees must be paid in full. I, \_\_\_\_\_, do solemnly swear that the information in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application Complete, and Fee Received:  Check # \_\_\_\_\_  Credit Card Authorization (*Attach receipt*)

Meets Zoning Ordinance:  Yes  No

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Code Compliance Officer

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

City Clerk

Recommendation: \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval (If disapproved, explain why) \_\_\_\_\_

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By executing this affidavit under oath, as an applicant for a **Business Occupation Tax Certificate**, Alcohol License or other public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Watkinsville, Georgia, the undersigned applicant verifies one of the following with respect to an 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 \_\_\_\_\_

My card number 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. § 16-10-2, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Subscribed and Sworn before me, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

*PLEASE COMPLETE THIS AFFIDAVIT AND SUBMIT A COPY OF THE IDENTIFICATION DOCUMENT FROM THE LIST ON THE FOLLOWING PAGE.*

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***List of Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia***

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
- A United States military identification card
  
- 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 Islands, 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
  
- 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 Islands, 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
  
- 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>
  
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government authority
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
  
- 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.

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**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) alcoholic beverage 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 Watkinsville, the undersigned applicant representing the private employer know as \_\_\_\_\_ [*business name*] verifies one of the following with respect to my application for the above mentioned document.

**Section 1**

**Please check one.**

- (a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed **more** than ten (10) employees. (If you select 1(a), go to Section 2, sign and execute below.)
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **less** than ten (10) employees. (If you select 1(b), please skip Section 2, sign and execute below.)

**Section 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 (E-Verify Number – 4-6 Digits No Letters)

\_\_\_\_\_  
Date of Authorization

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 \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_(state)

\_\_\_\_\_  
Signature of Owner or Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Owner or Authorized Officer or Agent

Subscribed and Sworn before me, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

**TO REGISTER FOR THE E-VERIFY PROGRAM, GO TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES WEBSITE ([www.uscis.gov](http://www.uscis.gov)).**