



Development Services Division
 630 Ronald Reagan Drive, Building A
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 Evans, Georgia 30809

PHONE: (706) 868-3420
 FAX: (706) 868-3381
 Office Hours: 7:30am to 5:00pm
www.columbiacountyga.gov

NAICS: _____
 ACCOUNT ID: _____

2014 Occupational Tax Application

Business Legal Name _____ Business Phone (____) _____

Business Address _____
Number & Name of Street City State Zip

Business Mailing Address _____
If different from above

E- Mail Address _____ Any associated Trade Names: _____

Federal Employer ID Number _____ Social Security Number (if Sole Proprietor) _____

Georgia Sales & Use Tax # _____ State License Number _____
If applicable

Business Type (be very specific as to what you will be doing): _____

If your business has more than one fixed location within Columbia County, each location must have a separate occupational tax. (Commonly referred to as a business license)

OWNERSHIP INFORMATION

Sole Proprietor Partnership Corporation Limited Liability Corp (LLC)

 Name of owner, or name of officer if Corporation or LLC Home Address City State Zip

Home Phone Number Cell Number Fax Number

Additional owner's name if partnership Home Address City State Zip

Home Phone Number Cell Number Fax Number

If Corporation or LLC, what is the EXACT, complete name as it is registered with the Georgia Secretary of State's Office:

Corporate Name Corporate Address City State Zip

IMPORTANT : *It is the responsibility of the business owner to keep state cards, insurance, and bonds updated and supplied to the county. Please make sure to bring this paperwork with you (if applicable) when applying for your business license, as well as your photo ID.*

Revision Date: July 2013

OCCUPATIONAL TAX CALCULATION

Number of Employees _____ (including owner)

(Greatest number during 2014 anticipated. Conduct an employee count (including owner) for each full time employee working 40 hours or more per week. To arrive at an employee count for those employees working fewer than 40 hours per week, add the total number of hours worked per week for all such employees and divide the total by 40.) ****Cost will be pro-rated 50% as of July 1 each year****

1-5 employees - \$100.00	6-10 employees - \$190.00	50+ employees - \$2,250
11-20 employees - \$375.00	21-50 employees - \$940.00	

CONTRACTOR DECALS

Decals are only required for sub-contractors such as **electricians, plumbers, landscapers, etc.** The amount of decals issued cannot be greater than the amount of full-time employees listed. The cost is \$1.00 per decal. For questions concerning decals, please call (706) 868-3420.

Amount of decals requested _____ x \$1.00 per decal = _____ additional amount owed

I understand it is my responsibility to renew my occupational tax certificate each year by paying the amount owed by January 31, 2014. Additionally, I must notify the County in writing of any updates in the address, phone number, or status of my business. I certify that the above information is true and accurate and contains no false or fraudulent information. **I understand that this information, or refusal to provide information, will be provided to the Georgia Department of Revenue per O.C.G.A. Section 48-13-20.**

The State of Georgia now requires all applicants for a registered business to complete the following and have it notarized. By executing this affidavit under oath, as an applicant for a Columbia County, Georgia Occupational Tax Certificate, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I swear or affirm under oath the following with respect to my application/renewal for a Columba County Occupation Tax Certificate.

PLEASE SELECT ONE OF THE FOLLOWING:

_____ I am a United States citizen or legal permanent resident 18 years of age or older

OR

_____ I am a 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.

* If not a Legal Permanent Resident 18 years of age or older or a United States Citizen, then please provide a copy of supporting documentation front and back.

*Alien Registration number for non-citizens: _____

***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:

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 violation of Code Section 16-10-20 of the Official Code of Georgia.

SIGNATURE OF APPLICANT: _____ **Date:** _____

Printed Name: _____

(Seal)

**SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20__**

NOTARY PUBLIC _____
My Commission Expires _____