

The City of Leesburg



Application for Business License

Occupational, Administration & Regulatory Fees

Today's Date _____ County _____

Name of Business _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Location _____

Phone _____ Email Address _____

Social Security # _____ Federal Tax ID # _____

State Tax ID # _____

Name of person(s) or principal(s) or corporate officer empowered to make binding agreements on behalf of said firm _____

Door-to-Door Sales? Yes _____ No _____ Number of Employees _____

Major Line of Business _____

Chemicals stored on location? Yes _____ No _____ Home Occupation? Yes _____ No _____

If Yes, please list _____

Any renovations or construction to business location? Yes _____ No _____

Any person or corporation interested directly or indirectly in profits or losses in proposed business? Yes _____ No _____ Name _____

Will your business be engaged in the provisions of any adult entertainment or service to include, but not limited to, partially clad dress, topless or nude entertainment?

Yes _____ No _____ If yes, explain _____

Will your business sell any adult novelties or any items that would not be appropriate to individuals under age of majority? Yes _____ No _____ If yes, explain _____

A FALSE STATEMENT ON ANY PART OF THIS APPLICATION MAY BE GROUNDS FOR REVOKING SAID FEE INSTANTER OR SUSPENDING THE FEE AFTER IT HAS BEEN ISSUED.

*I certify that, to the best of my knowledge and belief,
all of my statements are true, correct, complete and made in good faith.*

Date _____ Signature _____

Witnessed by _____ Approved by _____

OCCUPATIONAL TAX, ADMINISTRATIVE FEE AND REGULATORY FEES

Directions: Check all listing which apply to your business. Add the tax and/or fee for each item marked.

Remit to the Lee County Revenue Collection Agent the sum total of all items checked.

II. Occupation Tax:

For the calendar year beginning January 1, 1995, and succeeding years thereafter, if you are engaged in any business, trade profession, or occupation in Lee County, Georgia, whether with a location in the unincorporated areas of Lee County or in the case of an out-of-state business with no location in Georgia exerting substantial efforts within the state pursuant of O.C.G.A. 48-19-7, you must pay an occupation tax for said business, trade, profession, or occupation. The tax is based upon your number of employees. (A separate return should be filled for each business location.)

If the occupation tax is applicable to your business, please check one of the following:

Employees	Amount Due	Check One
1-5	\$75.00	_____
6-10	\$100.00	_____
11-20	\$200.00	_____
21-30	\$300.00	_____
31-40	\$400.00	_____
41-50	\$500.00	_____
50 or more	\$750.00	_____

II. Administrative Fee

If you are required to pay an occupation tax, you must also pay an administrative fee. If you are not required to pay an occupation tax, proceed to Section III. Check below if applicable.

Administrative Fee \$15.00

III. Any person who shall operate or conduct any business, profession, trade, or occupation listed below must pay the annual regulatory fee as allowed under O.C.G.A. 48-13-9 on those applicable businesses. The regulatory fee shall be in addition to any occupation tax or administrative fee imposed upon such business, trade, or occupation.

The regulatory fee in the amount of (\$37.50) is hereby imposed as authorized under O.C.G.A. S48-13-9. Such regulatory fee shall apply to each business listed as follows.

- (1) Advertising Sign Companies
- (2) Air conditioning/Refrigeration Dealers
- (3) Auctioneers
- (4) Building and construction contractors, subcontractors and workers
- (5) Carnivals
- (6) Taxicabs and limousine services
- (7) Tattoo artists
- (8) Shooting galleries and firearm ranges
- (9) Scrap metal processors and salvage yards
- (10) Pawnbrokers
- (11) Food service establishments
- (12) Dealers in precious metals
- (13) Firearm dealers
- (14) Peddlers
- (15) Parking lots
- (16) Nursing and personal care homes
- (17) Modeling agencies
- (18) Massage parlors
- (19) Landfills
- (20) Auto and motorcycle racing
- (21) Boarding houses
- (22) Businesses which provide appearance bonds
- (23) Boxing and wrestling promoters
- (24) Hotels and motels
- (25) Hypnotists
- (26) Handwriting analysts
- (27) Health clubs, gyms and spas
- (28) Fortunetellers
- (29) Garbage collectors
- (30) Escort services
- (31) Burglar and fire alarm installers
- (32) Locksmith

The Inspection Department of Lee County shall continue to impose permit fees for construction and development in compliance with the regulations currently in place. It is the express intent of this ordinance that such regulations shall not be affected by this ordinance.

IV. The total sum due is the grand total of each item checked.

TOTAL AMOUNT DUE \$ _____

The undersigned makes this return based upon his or her personal knowledge and under oath affirms that the representative made herein are correct to the best of his knowledge.

SIGNATURE _____ DATE _____

EMERGENCY CONTACT INFORMATION

In case of after hours emergency City of Leesburg Officials may need to contact someone concerning your business.

Name of Business: _____

Business Address: _____

Business Phone: _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____

Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Leesburg, Georgia Business 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 **Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit** (circle one) for _____.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

DO NOT CHECK MORE THAN ONE

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.*

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.

Signature of Applicant: _____ Date _____

Printed Name: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20__

* _____

Alien Registration number for non-citizens

NOTARY PUBLIC

My 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:

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

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

*** If you select Section 1(A), please fill out Section 2 and then execute below.

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

*** If you select Section 1(B), please skip Section 2 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer _____

Federal Work Authorization User Identification Number _____

Date of Authorization _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20_____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent _____

Printed Name of Authorized Officer or Agent _____

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

1 To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.