



CITY OF LEESBURG GEORGIA

OCCUPATION TAX CERTIFICATE/ BUSINESS LICENSE REQUIRED DOCUMENTS

- **COMPLETED OCCUPATION TAX CERTIFICATE/BUSINESS LICENSE APPLICATION**
 - **SAVE AFFIDAVIT ATTACHED (MUST BE NOTARIZED)**
 - **E-VERIFY PRIVATE EMPLOYER AFFIDAVIT ATTACHED (MUST BE NOTARIZED)**
 - **COPY OF LEASE AGREEMENT FOR BUSINESS LOCATION (IF APPLICABLE)**
 - **COPY OF FEDERAL EIN (EMPLOYER IDENTIFICATION NUMBER)**
 - **CERTIFICATE OF LIABILITY INSURANCE WITH THE CITY OF LEESBURG LISTED AS THE ADDITIONAL PARTY (107 WALNUT AVENUE NORTH LEEBURG, GA 31763)**
 - **COPY OF PHOTO ID**
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GENERAL

- If retail must provide proof of Sales Tax Number Certificate
 - Certificate of Occupancy (Contact City of Leesburg Russ Ferguson 229-854-8278)
 - If Convenience/Grocery the business must obtain a Department of Agriculture Safety Permit
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VENDOR/PEDDLERS

- Written permission from the landowner or manager to set up the location
- Food vendors must obtain a Food Service Permit through Lee County Environmental Health (229-759-3016)
- Each license will expire on December 31st of each year therefore written permission may be obtained for each occurrence.

CONTRACTORS

- Copy of Georgia State License (if applicable)
 - Certificate of Liability (City of Leesburg must be listed as an additional interested party)
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DAY CARE CENTER

- State Certified/Private (6 children or less)
 - State Certificate from Bright from the Start
 - CPR certification
 - Certificate of Occupancy (Contact Russ Ferguson 229-854-8278)
 - Background check/Fingerprints (Lee County Sheriff Department)
 - List of Employees with a background check for each
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RESTAURANT

- Food service permit (Lee County Environmental Health 229-759-3016)
 - Certificate of Occupancy (Contact Russ Ferguson 229-854-8278)
 - Grease Trap Document and Back Flow Preventer (Contact Richard Chester 229-894-9328)
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FUNERAL HOME

- Copy of State Establishment License
- Copy of State Embalmer License
- Certificate of Occupancy (Contact Russ Ferguson 229-854-8278)
- Proof of Sales Tax Number Certificate



The City of Leesburg

Application for Occupational Tax Certificate/Business License

Today's Date _____

Name of Business _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Location _____

Phone _____ Email Address _____

Social Security Number _____ Federal Tax Id Number _____

State Tax Id Number _____

Name of person(s) or principal(s) or corporate officers on behalf of said business

Type of Business _____

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

Date _____ Signature _____

Approved by _____

Occupational Tax, Administrative Fee and Regulatory Fees

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 City of Leesburg, whether with a location in the unincorporated areas of City of Leesburg 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 or administrative fee for said business, trade, profession, or occupation. The tax is based upon the number of employees. (A separate return should be filed for business location.)

Please Check the Following that pertains to your business:

1-5 Employees 90.00	_____
6-10 Employees 115.00	_____
11-20 Employees 215.00	_____
21-30 Employees 315.00	_____
41-50 Employees 515.00	_____
50 or more Employees 765.00	_____

The amount of 37.50 is hereby imposed as authorized under O.C.G.A. Section 48-13-9. If your business pays Occupational Tax in another city or county within the State of Georgia, we will need a copy of your business Occupational Tax Certificate, and there will be a charge of \$37.50.

The Inspections Department of the City of Leesburg 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 wit her personal knowledge and under oath affirms that the representative made herein are correct to the best of his knowledge.

Signature _____

Date _____

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

If you select section 1 (A) Please fill out section 2 below

If you select section 1 (B), Please skip section 2 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 under-signed private employer also attests that its federal work authorization number and date of authorization are as follows:

Name of the private employer _____

Federal Work Authorization User Identification Number _____

Date of Authorization _____

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

Executed on _____, _____, 202__ in _____ (City) _____ (State).

Signature of Authorized Officer or Agent _____

Printed Name and Title of Authorized Officer or Agent _____

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 202__

NOTARY PUBLIC _____

My Commission Expires: _____

To determine the number of employees for the purpose 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.

S.A.V.E. AFFIDAVIT

By executing this affidavit under oath as an applicant for The City of Leesburg, Georgia Business Occupation Tax Certificate, Alcohol License, 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 or other public benefit**

Circle one for _____

(Name of the natural person applying on behalf of individual business, corporation, partnership, or other private entity)

1. _____ I am a United States Citizen
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.

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20__

Signature of Applicant:

NOTARY PUBLIC _____

MY COMMISSION EXPIRES

Printed name:

Alien Registration Number for non-Citizens

Note O.C.G.A 50-36-1(C) 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.