



Leesburg City Hall  
 107 Walnut Ave. North ~ Leesburg, GA 31763  
 P: 229-759-6465 F: 229-759-6249

# OCCUPATIONAL TAX CERTIFICATE / BUSINESS PERMIT REQUIRED DOCUMENTS

1. The Completed Occupational Tax Certificate/Business Permit Application
2. SAVE Affidavit Attached (**MUST BE NOTARIZED**)
3. E-Verify Private Employer Affidavit attached (**MUST BE NOTARIZED**)
4. Copy of Lease Agreement for Business Location (if applicable)
5. Copy of State of Georgia Certificate of Existence
6. Copy of Federal EIN (Employer Identification Number)
7. Certificate of Liability Insurance with City of Leesburg listed as additional party/as holder.
8. PHOTO I.D.

**GENERAL**

1. If Retail, must provide proof of SALES TAX NUMBER CERTIFICATE
2. Certificate of Occupancy-Contact City of Leesburg Director of Utilities, **Russ Ferguson at 229-854-8278**
3. If Convenience Store/grocery, business MUST have Dept of AG Safety Permit

**VENDERS / PEDDLERS**

1. Written permission from landowner or manager to set up at the location.
2. FOOD Vendors- Must provide PROOF of Food Service Permit issues through
3. Lee County Environmental Health 229-759-3016.
4. The License will expire December 31<sup>st</sup>. Must have written permission per occurrence.

**CONTRACTORS**

1. Copy of Georgia State License, (if applicable)
2. Certificate of Liability Insurance listing City of Leesburg ~ 107 Walnut Ave North ~ Leesburg, GA 31763
3. As additional interested party or Surety Bond.

**DAYCARE CENTER**

1. State Certificate/Private (6 children or less)
2. Certificate from the state (Bright from the start)
3. CPR Certification ~ Certificate of Occupancy ~ **Contact Russ Ferguson 229-854-8278**
4. Background Check ~ list of Employees (Background Check on each employee)

**RESTAURANT**

1. Food Service Permit ~ **Lee County Environmental Health 229-759-3016**
2. Certificate of Occupancy ~ City of Leesburg ~ **Director of Utilities, Russ Ferguson 229-854-8278**
3. Grease Trap Document & Backflow Preventer ~ City of Leesburg, **Public Works Director, Richard Chester 229-894-9328**

**FUNERAL HOME**

1. Copy of State of Establishment License
2. Copy of State Embalmers License
3. Certificate of Occupancy ~ City of Leesburg ~ **Contact Director of Utilities, Russ Ferguson 229-854-8278**
4. PROOF OF SALES TAX NUMBER CERTIFICATE



leesburg  
We've got a good thing growing

Leesburg City Hall  
107 Walnut Ave. North ~ Leesburg, GA 31763  
P: 229-759-6465 F:229-759-6249

# APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE / BUSINESS PERMIT

Today's Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Location \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

State Tax ID # \_\_\_\_\_

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

\_\_\_\_\_

*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 \_\_\_\_\_

Directions: Check all listing that apply to your business. Add the tax and fee for each item marked. Remit to the City of Leesburg Revenue Collection Agency the sum of all items checked.

### Occupational 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 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:

<b>Employees</b>	<b>Amount Due</b>	<b>Check One</b>
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	-----

### 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 .**

**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.**

# S.A.V.E. AFFIDAVIT

By executing this affidavit under oath, as an applicant for a 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

**Occupational Tax Certificate, Alcohol License or other public benefit, Business Permit**

(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 SIGNATURE

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.