

THE CITY OF LEESBURG, GA

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 State of Georgia Certificate of Existence
Copy of Federal EIN (Employer Identification Number)
Certificate of Liability Insurance
Photo ID

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 Store/Grocery Business MUST have dept of AG Safety Permit

VENDOR/PEDDLERS

Written permission from landowner or manager to set up at the location.
FOOD vendors- Must provide proof Food Service permit issued through Lee County Environmental Health (229) 759-3016
The license will expire Dec 31st. must have written permission per occurrence.

CONTRACTORS

Copy of Georgia State License (if applicable)
Certificate of Liability Insurance listing City of Leesburg 107 Walnut Ave N Leesburg GA 31763 as additional interested party or surety bond

DAYCARE CENTER

State Certified/Private (6 children or less)
Certificate from state (Bright from the start)
CPR Certification
Certificate of Occupancy- Contact Russ Ferguson 229-854-8278
Background Check
List of Employees (Background check on each employee)

RESTAURANT

Food Service Permit - Lee County Environmental Health (229) 759-3016
Certificate of Occupancy - City of Leesburg Contact Director of Utilities, Russ Ferguson (229) 854-8278
Grease Trap Document & Backflow Preventer - City of Leesburg Public Works Director Richard Chester (229) 894-9328

FUNERAL HOME

Copy of State Establishment License
Copy of State Embalmers License
Certificate of Occupancy- City of Leesburg Contact Director of Utilities, 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 _____ 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 officers on behalf of said business

Number of Employees _____

Type of 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 _____

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 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.)

It 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 | _____ |

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 .

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

Business Occupation Tax Certificate, Alcohol License 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.