

OCCUPATIONAL, ADMINISTRATION & REGULATORY FEES
CITY OF LEESBURG, GEORGIA

Name of Business: _____ County _____

Mailing address: _____

City _____ State _____ Zip _____

Business Location: _____

Phone number: _____ Email address: _____

SS# _____ 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 (circle one) Yes No

Major line of business: _____

Average number of employees; _____

Chemicals stored on location (circle one) Yes No If Yes please list below

Home occupation -- (circle one) Yes No

Any renovations or construction to business location- (circle one) Yes No

Any person or corporation interested directly or indirectly in profits or losses in proposed business

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? (Circle one) Yes No

If yes, please explain: _____

Will your business sell any adult novelties or any items that would not be appropriate to individuals under the age of majority? (Circle one) Yes No

If yes, please 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.

DATED: _____ 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 City of Leesburg the sum total of all items checked.

I. 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 Leesburg, Georgia, whether with a location in the incorporated areas 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: **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 employees	\$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:(Occupation tax +Admin fee + regulatory fee) \$ _____

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

SIGNATURE

DATE

BUSINESS LICENSE 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: _____

CITY OF LEESBURG
OCCUPATION TAX AND REGULATORY
FEE
DEPARTMENT
107 N. WALNUT AVE.
LEESBURG, GA 31763
229-759-6465

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____, [name of government entity], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

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

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires:

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

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from _____ [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

- 1. Only fill out this section if the current date is on or before June 30, 2013. Select Only One.
(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. If the employer selected 1(a) please fill out Section 3 below.
(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.
2. Only fill out this section if the current date is on or after July 1, 2013. Select Only One.
(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. If the employer selected 2(a) please fill out Section 3 below.
(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.
3. 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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 O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ___ date of _____, 201___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ___ DAY OF _____, 201___.

NOTARY PUBLIC

My Commission Expires: _____