



Occupational Tax Application (Business License)

Type of Ownership: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Other

Name of Applicant: _____

Federal Tax ID Number _____ Number of Employees _____

Name of Business: _____

Business Contact (this name will appear on the license) _____

Address of Business: _____

Own Building _____ Rent Building _____ (Building owners name) _____

Mailing address: _____

Business Phone: _____ Cell _____

Email address: _____

****Information is required for office use only is not available to the public**

Type of Business: If business requires additional licenses, state or federal please attach a copy of the license: _____

Emergency Contact information

Name _____ Cell number _____

I _____, being the _____ of the business firm named, do hereby register and apply for and Occupational Tax Certificate and furthermore I hereby certify that the information provided is true and correct and complete, I agree to abide by all local City of Commerce ordinances.

_____ Date _____

Number of Employees _____ Administrative Fee _____

Occupational Tax Fee _____ Regulatory Fee _____

Total Due to City _____

O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status

By executing this affidavit under oath, as an applicant for a(n) Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other Public Benefit as referenced in O.C.G.A. § 50-36-1, from The City of Commerce, 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: