



P.O. Box 348 · 27 SYCAMORE STREET · COMMERCE, GA 30529
(706)335-3164 · FAX (706)335.6879 · www.commercega.org

2020 Occupational Tax Certificate Application

The issuance of an occupational tax certificate does not exempt you from complying with all zoning, building, and development code regulations of the City of Commerce.

Business Name: _____ DBA Name: _____

Dominant Business Activity: _____ NAICS Code: _____

Address/Location: _____ Telephone Number: _____

Bill To/Mailing Address: _____

City: _____ State: _____ Zip: _____

Ownership Type: Association Corporation Partnership Single Owner LLC

Applicant's Name: _____ Owner/Agent's Name: _____

Owner/Agent's Address: _____

City: _____ State/Zip: _____ Email: _____

***Applicant must provide copy of valid Georgia Driver's License or other governmental issued photographic identification with application (Passport, Military ID, or State Driver's License).

Will this be based out of your home? Yes No

Own/Rent Location? Own Rent Building Owner's Name: _____

Has the owner, applicant, the state business, or any legally or organizationally related entity had a Business Occupational Tax Certificate denied, suspended, or revoked with the past twelve (12) months? Yes ***If yes, attach written explanation.

Georgia Open Records Act: The public may view information on this form.

Total Full Time Employees (at least one, includes owner/operator) # _____ x _____ \$ _____

****Make check payable to the City of Commerce, Please mail to, P.O. Box 348 Commerce, GA 30529****

This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a Business Occupational Tax Certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and /or immediate revocation of my Business Occupational Tax Certificate issued as a result of this application. I understand that I must comply with all City of Commerce ordinances and regulations. I hereby agree to provide clearances(s) and/or inspection report(s) required prior to the issuance of a Business Occupational Tax Certificate.

All tax certificates expire December 31 of the current year and must be renewed annually.

Signature _____ Position _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature/Seal _____ My Commission Expires: _____



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License Procedures

1. Once you have returned your completed application to the City of Commerce, the City Clerk will forward your application to the Planning and Zoning Department and Code Enforcement for review. Applicant will be notified upon approval or denial.

***Preferred method of notification: Email Letter Initials _____

2. Applicants that require specialty state license must present license with application (doctor, attorney, cosmetologist, etc.)
3. Department of Agriculture and Health Department inspections must be completed before and presented with application before the business license can be issued if required for business type.
4. When approved, you will be contacted by the City Clerk. If denied, you may request a meeting for a final review. Once all documents are in file and the application has been signed by **Planning and Zoning and Code Enforcement**, the City Clerk will give the applicant a call to pick up the license. **License must be paid for at this time.**

I, _____, confirm that the facts stated on this application are true. I understand that any fraudulent statement is grounds for termination of this application and revocation of the certificate. I understand that my business is operated in agreement according to Federal, State, and Local laws/ordinances and regulations:

Signature: _____ Date: _____

OFFICE USE ONLY: Class _____ Type _____ H.O.P _____ District _____ Lot _____ Block _____ Parcel _____

Zoning: Approved by _____ Denied by _____ Date _____ Denial Reason _____

Code Enf: Approved by _____ Denied by _____ Date _____ Denial Reason _____

City Clerk: Approval by _____ Denied by _____ Date _____ Denial Reason _____

Pending Items: C.O. Fire Health Sanitation Service State License Insurance Police
Other _____

Business License Items: Primary ID# _____ Owner's ID# _____ Bill to ID# _____

FEES: Occupational Tax Free _____ Admin Fee _____ Regulatory Fee _____

TOTAL DUE TO CITY: _____ DATE PAID: _____

Occupational Tax Certificate Application (Revised 01.01.18)



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O.C.G.A § 50-36-1 €(2) SAVE Affidavit Verifying Status for City Public Benefit
Completion of this form is required for ALL LICENSES/PERMITS by State Law

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. § 50-36-1, from the City of Commerce, Georgia, the undersigned applicant verifies one of the
following with respect to my application for a public benefit:

- (1)_____ I am a United States citizen.
(Must include copy of either current State Driver’s License, Passport, or Military ID)

- (2)_____ I am a legal permanent resident of the United State.
(Must include a copy of your current State Driver’s License and either a copy of your Permanent Resident Card
or Employment Authorization Card)

- (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.
(Must include a copy of your current State Driver’s License and either a copy of your Permanent Resident Card
or Employment Authorization Card)

My alien number issued by the Department of Homeland Security of 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.

Signature of Applicant

Printed Name of Applicant

Executed in _____(city), _____(state).
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC / SEAL

MY COMMISSION EXPIRES:



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E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6 (d)
Completion of this form is required by Georgia State Law

By executing this affidavit under oath, as an applicant for a(n) _____
Business License, Occupation Tax Certificate, or other document required to operate a business as referenced in
O.C.G.A. § 36-60-6 (d), from the City of Commerce, Georgia, the undersigned applicant representing the private
employer verifies that the company has less than 10 company/nation-wide employees:

Company Name: _____

E-Verify Number: _____

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 allow by such statue.

Signature of Authorized Officer

Date

Printed Name and Title of Authorized Officer

Executed in _____ (City), _____ (State).

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

NOTARY PUBLIC/ SEAL

MY Commission Expires