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: __________________
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 accordance with 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)*
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 States.
(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 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.

________________________________________________ ______________________________________
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:
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 statute.

_____________________________________________________________   ______________________________
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