



MORGAN COUNTY PLANNING AND DEVELOPMENT

Post Office Box 1357
150 East Washington Street, Suite 200
Madison, Georgia 30650
(706) 342-4373 Office (706) 343-6455 Fax

New Business: Return application, notarized Immigration affidavit, and E-Verify Information
Renewal: Return application, and E-Verify information by December 31st
Return to: Morgan County Planning and Development

OFFICE USE ONLY
Zoning _____
License # _____
Tax Map and Parcel _____
Amount Paid \$ _____
Payment type _____
Issued by: _____
Date _____
NAICS CODE _____

Occupational Tax Application

1. BUSINESS NAME:

2. EMAIL ADDRESS:

3. BUSINESS MAILING ADDRESS:

4. BUSINESS LOCATION ADDRESS:

5. TELEPHONE #:

6. NAME, TITLE, AND ADDRESS OF OWNER & APPLICANT:

OWNER NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: _____

APPLICANT NAME/TITLE: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: _____

7. DESCRIBE TYPE OF BUSINESS:

8. OCCUPATIONAL TAX INVOICE

Your Occupational Tax fee is based on the following:

Table with 3 columns: Fee Type, Amount, and Total. Rows include Administrative fee (\$40.00), Business owner (\$10.00), Employees (X \$10.00 each), and Total due (\$).

9. TYPE OF BUSINESS

- HOME OFFICE, COMMERCIAL LOCATION, INDUSTRIAL LOCATION

10. TYPE OF OWNERSHIP

- SOLE OWNER, CORPORATION, PARTNERSHIP, LLC

11. TYPE OF REGISTRATION

- NEW, RENEWAL, OUT OF BUSINESS, DATE BUSINESS OPENED, CLOSED DATE

12. FEDERAL TAX I.D. OR SOCIAL SECURITY#:

13. STATE LICENSE # (IF APPLICABLE):

14. STATE SALES USE TAX # (IF APPLICABLE):

15. E-VERIFY # (IF APPLICABLE- 10 OR MORE EMPLOYEES):

16. I certify that all information given, including the figures given as a basis for taxation, is true and correct to the best of my knowledge, and that records shall be made available for inspection, as specified in Sec. 66-29 of the Morgan County Code. I understand that the issuance of an Occupation Tax Certificate does not indicate conformity with Morgan County Ordinances and it is my responsibility to conform with all ordinances. Morgan County expressly reserves the right to enforce any and all ordinances, regardless of payment.

Signature _____

Title _____ Date _____

- INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
COMPLETE IMMIGRATION AFFIDAVIT FOR NEW APPLICANTS/ NEW BUSINESSES
INCLUDE COPIES OF ALL APPLICABLE STATE LICENSING
COMPLETE E-VERIFY IF MORE THAN 10 FULLTIME EMPLOYEES; IF THERE ARE LESS THAN 10 EMPLOYEES COMPLETE AND NOTARIZE E-VERIFY EXEMPTION FORM
CASH OR CHECK PAYMENT DUE AT TIME OF APPLICATION
PLEASE MAKE CHECK PAYABLE TO: MORGAN COUNTY

Thank you for doing business in Morgan County!



Georgia Security and Immigration Compliance Act Applicant Benefit Affidavit

Applicant: _____

Name of Establishment: _____

Establishment Address: _____

By executing this affidavit under oath, as an applicant for an **Occupation Tax Certificate**, as referenced in O.C.G.A. § 50-36-1, from the Morgan County Board of Commissioners, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- 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.

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.

This document was executed in Madison, Georgia.

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires:

Official Use Only

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

- | | | |
|--|--|--|
| <input type="checkbox"/> U.S. Passport | <input type="checkbox"/> U.S. Passport Card | <input type="checkbox"/> U.S Military ID |
| <input type="checkbox"/> U.S Driver's License* | <input type="checkbox"/> Tribal ID Card | <input type="checkbox"/> U.S. Permanent Resident Card |
| <input type="checkbox"/> Alien Registration Card | <input type="checkbox"/> Foreign Gov. Passport | <input type="checkbox"/> Employment Authorization Card |
| <input type="checkbox"/> Merchant Mariner Card | <input type="checkbox"/> Free & Secure Trade Card | <input type="checkbox"/> Nexus Card |
| <input type="checkbox"/> SENTRI Card | <input type="checkbox"/> Canadian Driver's License | <input type="checkbox"/> Certificate of Citizenship |
| <input type="checkbox"/> Certificate of Naturalization | <input type="checkbox"/> Matricula Consular ID | <input type="checkbox"/> Copy of Document Attached |

*Note: A driver's license from Alaska, Idaho, Illinois, New Jersey, New Mexico, New York, Rhode Island, Utah and Washington is not a verifiable document. Maryland and Massachusetts are pending.

Verified By: _____ Date: _____



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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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 and Title Authorized Officer or Agent

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

NOTARY PUBLIC
My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.