



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

APPLICATION FOR RENEWAL OF OCCUPATIONAL TAX (HOME OR COMMERCIAL BUSINESS)

Business Name: _____

Business Location: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Number of Employees: _____ E-Verify Number: _____ Business Type: _____

If business is a partnership or corporation, please attach a list of the names, home phone numbers, and addresses of all partners, officers, or directors.

Business Owner/Applicant Information:

Name: _____

Phone: _____ Applicant E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____ State Card #: _____

Acknowledgement

I (we) understand that the Occupational Tax Fee is based on the Total Gross of the business. I (we) will submit a copy of the Federal Income Tax forms for the business to Carroll County Department of Community Development to be put in our file.

Print Name: _____

Signature: _____



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Affidavit for an Occupational Tax Certificate

_____, [PRINT NAME] personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for an **Occupational Tax Certificate** under the ordinances of Carroll County.

The information contained within the application attached hereto and filed in the Carroll County Department of Community Development consist of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.
This _____ day of _____, _____.

AFFIANT (signature)

Personal _____
Address: _____

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address.

Entity: _____
Address: _____

Notary

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

Signature: _____
My Commission Expires: _____

Seal:



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Affidavit Verifying Status for a Carroll County Public Benefit Application

By executing this affidavit under oath, as an applicant for an OCCUPATIONAL TAX CERTIFICATE or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for an OCCUPATIONAL TAX CERTIFICATE or other benefit for _____
[PRINT NAME].

CHECK ONE OF THE FOLLOWING:

1. _____ I AM A UNITED STATES CITIZEN

-OR-

2. _____ I AM A LEGAL PERMANENT RESIDENT 18 YEARS OF AGE OR OLDER OR I AM AN OTHERWISE QUALIFIED ALIEN OR NON-IMMIGRANT UNDER THE FEDERAL IMMIGRATION AND NATIONALITY ACT 18 YERS OF AGE OR OLDER AND LAWFULLY PRESENT IN THE UNITED STATES.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictions, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Printed Name: _____

Signature of Applicant: _____

Alien Registration Number for Non-Citizens: _____

Notary

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

Signature: _____

My Commission Expires: _____

Seal:



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E-VERIFY EXEMPTION

JULY 2013: PRIVATE EMPLOYER 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 as of **JULY 1, 2013**, the individual, firm, or corporation employs **fewer than ten (10)** employees and therefore, 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 13-10-90.

IF THE BUSINESS HAS LESS THAN 10 EMPLOYEES SIGN BELOW:

Name of **Exempt** Private Employer: _____

Signature of **Exempt** Private Employee/Agent: _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, _____ in _____, _____
[MONTH] [DAY] [YEAR] [CITY] [STATE]

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

**This affidavit is for use from JULY 1, 2013.

Notary

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

Signature: _____

My Commission Expires: _____

Seal: