CITY OF VIDALIA 302 E 1ST ST, STE C VIDALIA, GA 30474	PHONE: (912) 537-7661 EMAIL: taxclerk@vidaliga.gov	**OCCUPATIONAL TAX - APPLICATION**

PRE-APPLICATION CHECKLIST	
INDUSTRY SPECIFIC	
GA Office of Regulatory Services	Required if operating any type of nursing, personal care, or group home. Childcare Operation must contact Bright from the Start
GA Dept of Agriculture	Inspection and approval required for selling food, seafood, and for bakeries.
Toombs County Health Department	Food Service permit required if serving and/or preparing food including trucks, mobile carts, and stationary stands.
GENERAL REQUIREMENTS (IF APPLICABLE)	
Certificate of Incorporation and/or LLC	GA Secretary of State
Proof of Owner's Identity	For sole ownership or partnerships, government issued photo identification is required for each owner. For corporations, certificate of organization & list of officers.
Professional Certification	GA Secretary of State – copy of current state license or certification required.
GA Sales/Use Tax Number	Required when selling any type of goods or products.
Federal Tax ID Number	EIN Number is required for ALL businesses with employees operating within the State of Georgia.
Non-Profit Status	501(C)3 letter confirming non-profit status in name of the business.
Veterans Exemption	Veterans requesting tax exempt status must submit Certificate of Exemption
Department of Homeland Security	E-Verify number required if operating with more than 10 employees. Visit www.uscis.gov/e-verify to obtain an E-Verify number.

APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:
▪ Copy of Driver's License of Applicant
▪ Copy of State Certification/Professional License(s) **if applicable**
▪ Copy of Business Insurance **if applicable or requested by Tax Clerk**
▪ Signed & Notarized Affidavits
▪ Completed Application

BUSINESS INFORMATION			
TODAY'S DATE (MM/DD/YYYY)		BUSINESS OPENING DATE (MM/DD/YYYY)	
LEGAL STRUCTURE ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ LIMITIED LIABILITY (LLC) ☐ CORPORATION			
LEGAL ENTITY NAME (AS SHOWN ON TAX DOCUMENTS)			
TRADE NAME (DBA)			
FEDERAL EIN		GA SALES TAX ID	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS			
CITY	STATE	ZIP CODE	

APPLICANT INFORMATION		
LAST NAME	FIRST NAME	M.I.
BIRTH DATE (MM/DD/YYY)	SSN #	
PLACE OF EMPLOYMENT		
CELL PHONE #	HOME PHONE #	WORK PHONE #
EMAIL ADDRESS		

RATE STRUCTURE		
TYPE	DESCRIPTION	AMOUNT
ADMINISTRATIVE FEE	NON-REFUNDABLE FLAT FEE APPLIED TO ALL APPLICATIONS	$70.00
NUMBER OF EMPLOYEES	FULL-TIME (OR EQUIVALENT) EMPLOYEES EX: 2 PART TIME EMPLOYEES @ 20 HRS/EACH = 1 FULL-TIME EMPLOYEE	_____ X $20.00
	TOTAL	

SAVE AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

TO BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC

By executing this affidavit under oath, as an applicant for 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 Vidalia, the undersigned applicant verifies one of the following with respect to the applicant's application for public benefit:

1. ☐ I am a United States Citizen.

2. ☐ I am a legal permanent resident.

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.

The undersigned applicant also hereby verifies that the applicant is eighteen (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), with this affidavit.

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

_____

In making the above representation under oath, the applicant understands 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.

X _____

SIGNATURE OF APPLICANT **DATE**

_____ _____

PRINTED NAME OF APPLICANT ***ALIEN REGISTRATION NUMBER OF NON-CITIZEN**

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

_____
NOTARY PUBLIC
My Commission Expires: _____

**NOTE: O.C.G.A 50-6-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide there alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:*

E-VERIFY AFFIDAVIT PURSUANT TO O.C.G.A § 36-6-6(d)

TO BE SIGNED IN THE PRESENCE OF NOTARY PUBLIC

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

SECTION 1: PLEASE CHECK ONLY ONE

A. ☐ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.
***If you select Section 1(A), please fill out section 2 and then execute below. ***

B. ☐ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.
***If you select section 1(B), please skip section 2, and then execute below. ***

SECTION 2:

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
NAME OF PRIVATE EMPLOYER

_____ _____
FEDERAL WORK AUTHORIZATION USER ID NUMBER (E-VERIFY) DATE OF AUTHORIZATION

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 20____ in _____ (city), _____ (state).

X_____ _____
SIGNATURE OF AUTHORIZED OFFICER OR AGENT **PRINTED NAME & TITLE OF AUTHORIZED OFFICER OR AGENT**

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

_____
NOTARY PUBLIC
My Commission Expires: _____