



**CITY OF ELBERTON
PROFESSIONAL OCCUPATIONAL TAX & REGISTRATION**

*Return completed form with payment by mail to City Clerk, PO Box 70, Elberton, Georgia or
in person at City Hall located at 203 Elbert Street, Elberton, Georgia 30635.*

The Code of Ordinances requires each practitioner of a profession within the corporate limits of the City of Elberton to pay an annual occupation tax and register with the City unless otherwise excluded specifically by State Law. Registration and payment is due by March 31.

Businesses with more than one professional may submit one form provided each person's registration information is listed on the back of the form.

Business Name:

Business Location Physical Address:

Mailing Address (if different):

Mailing City, State, Zip (if different):

Name of principal owner or officer:

Contact Person (if different):

Phone number:

Email Address:

Number of persons employed by business:

IMPORTANT: Federal Work Authorization User Identification Number (E-Verify Number): If your business employs more than 10 employees you are required to register and utilize the federal work authorization program as provided in O.C.G.A. 13-10-90.

Federal Work Auth. User Id No.:

Authorization Date:

Business Description:

PROFESSIONAL OCCUPATIONAL TAX & REGISTRATION CALCULATION

<u>Number of Professionals</u>	<u>Fee per Professional</u>	<u>Total Amount Due</u>
_____	x \$100.00 =	_____

<u>Name of Professional</u>	<u>Mailing address if different from business</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information given on this return is true and correct, to the best of my knowledge, and records shall be available for inspection as required in Section 10-53 of the Occupational Tax Ordinance of the City of Elberton, Georgia.

Signature	Title	Date
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E-VERIFY AFFIDAVIT
Pursuant to O.C.G.A. 36-60-6(d)

***To be completed by all owners of business.**

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

Check one:

a. On January 1, of previous year, the individual, firm, or corporation employed more than ten (10) employees

b. On January 1, of previous year, the individual, firm, or corporation employed ten (10) or fewer employees.

The employer has registered with and utilizes the federal work authorization program in accordance with the application 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 is as follows:

Name of Private Employer

Federal Work Authorization User Id No

Date of Authorization

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

Signature of Authorized Officer or Agent

Print Name of and Title of Authorized Officer, or Agent

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____, _____.

NOTARY PUBLIC

To register for the E-Verify Program, go to the U.S. Citizenship and Immigration Services website (www.uscis.gov).

SAVE AFFIDAVIT
Affidavit Verifying Status for Public Benefit
Pursuant to O.C.G.A. 50-36-1(E)(2)

***To be completed by all owners of business.**

By executing this affidavit under oath, as an applicant for a license, permit or other public benefit as referenced in O.C.G.A. 50-36-1, from the City of Elberton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Select one:

- I am a United States citizen.** Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>
- I am a legal permanent resident of the United States. Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>
- 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.**** Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

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

Date

Print Name of Applicant

Name of Business

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____, _____.

NOTARY PUBLIC