

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 Description:	
Federal Work Auth. User Id No.:	Authorization Date:
work authorization program as provided in C).C.G.A. 13-10-90.
	you are required to register and utilize the federal
	ser Identification Number (E-Verify Number): If your
Number of persons employed by business:	
Phone number: Emai	il Address:
,	
Contact Person (if different):	
Name of principal owner or officer:	
Mailing Address of Business (if different):	
Location of Business:	
Business Name:	

PROFESSIONAL OCCUPATIONAL TAX & REGISTRATION CALCULATION

Number of Professionals	Fee per Professional	<u>Total Amount Due</u>
	x \$100.00 =	
Name of Professional	Mailing ad	dress if different from business
I certify that the information given knowledge, and records shall be a Occupational Tax Ordinance of the	vailable for inspection as re	•
Signature	Title	Date

The following is a list of the professionals who may elect to pay for a professional license in lieu of an occupational tax based on the gross receipts of the business or practitioner. If you would rather complete the occupational tax license, please contact the City Clerk to receive this form.

Lawyers, Physicians, Osteopaths, Chiropractors, Podiatrists, Dentists, Optometrists, Psychologists, Veterinarians, Landscape architects, Land surveyors, Practitioners of physiotherapy, Public accountants, Embalmers, Funeral directors, Civil, mechanical, hydraulic, or electrical engineers, Architects, and Marriage and family therapists, social workers, and professional counselors.

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	ne:			
	a.	a. On January 1, of previous year, the individual, firm, or corporation employed than ten (10) employees	more		
	b.	On January 1, of previous year, the individual, firm, or corporation employed ten (10) or fewer employees.			
accord under	danc sign	ployer has registered with and utilizes the federal work authorization program in nace with the application provisions and deadlines established in O.C.G.A. 36-60-63 and private employer also attests that its federal work authorization user identificand date of authorization is as follows:			
Name	of P	f Private Employer			
Federa	al W	Work Authorization User Id No Date of Authorization			
I herel	by d	declare under penalty of perjury that the foregoing is true and correct.			
Signat	ure	re of Authorized Officer or Agent			
Print N	Nam	me of and Title of Authorized Officer, or Agent			
(SEAL)		SWORN TO AND SUBSCRIBED BEFORE ME TH	IIS 		
		NOTARY PUBLIC			

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

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:	
1	tes citizen. Please see link for acceptable forms of identification: 'immigration-reports
1 .	nent resident of the United States. Please see link for acceptable forms of o://law.ga.gov/immigration-reports
with an alien num immigration agen	ien or non-immigrant under the Federal Immigration and Nationality Act aber issued by the Department of Homeland Security or other federal cy.** Please see link for acceptable forms of identification: (immigration-reports
· ·	number issued by the Department of Homeland Security or other federal on agency is:
provided at least one secu affidavit.	t also hereby verifies that he or she is 18 years of age or older and has are and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this document provided with this affidavit can best be classified as:
willfully makes a false, fict	esentation under oath, I understand that any person who knowingly and itious, or fraudulent statement or representation in an affidavit shall be guilty 6-10-20, 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,
	NOTARY PUBLIC