



Application For EXEMPTION Of Occupational Tax Certificate

Business Information

Name of Business: _____ d/b/a (if applicable): _____

Business Address: _____

Mailing Address, if different from Business Address: _____

Business Phone: _____ Business Fax: _____ Website: _____

Tax Parcel #: _____ Begin Date in Duluth: ____/____/____ No. of Employees (excluding owner): _____

Are you the first business in this location? Yes No If no, who was the last tenant? _____

1) Does this business pay occupation tax in another jurisdiction? Yes No

If yes, attach a copy of your current valid occupational tax certificate.

2) Are you a NON-PROFIT Organization or Disabled Veteran? Yes No

If yes, attach proof of 501(c) status, IRS Form 990T or Form DD 214.

3) Other reason why this business would be exempt from paying occupational taxes: _____

Description of Business Activity (Be as specific as possible, attach additional paper if needed): _____

Owner Information

Name of Business Owner: _____ Federal ID Number: _____

Owner Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Ga. State Sales Tax Number: _____ Driver's License No. / State: _____ / _____ Expiration Date: _____

Note: Corporations and partnerships must provide the names of all officers or partners, their titles, and mailing addresses on a separate sheet of paper.

Signature: _____ Date: _____

Print Name: _____ Business Title: _____

| For City Use | For City Use | For City Use |
|-----------------------------|---------------------------------|---------------------------------|
| Received: _____ | NAICS Code: _____ | SAVE Affidavit: _____ |
| Amount Paid: _____ | Tax Class: _____ | E-Verify Affidavit: _____ |
| Cash, Credit, Check#: _____ | Zoning District: _____ | Emergency Contact Form: _____ |
| Approved: _____ | Certificate of Occupancy: _____ | State License: _____ |
| License No.: _____ | Lease/Rental Agreement: _____ | Fire Marshal Certificate: _____ |
| Notes: _____ | Copy of Photo ID: _____ | Health Inspection Report: _____ |



SAVE Public Benefits Affidavit
O.C.G.A § 50-36-1 (e)(2)

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1(e)(2)).

By executing this affidavit under oath, as an applicant for, (Occupational Tax license or Alcoholic Beverage License or any other Public benefit,) as referenced in O.C.G.A. § 50-36-1, from the City of Duluth, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

- 1) I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)
2) I am a legal permanent resident of the United States.
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.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant has 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 Georgia Law O.C.G.A § 50-36-1(e) (1) A complete list of secure and verifiable documents on back of this form.

REQUIRES VERIFICATION AT SUBMISSION - Which type of secure and verifiable document was provided with this affidavit?

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

MUST BE COMPLETED BY NOTARY

I, (representative for) (Printed NAME of individual and natural person) (Name of BUSINESS, corporation, partnership, etc.)

Signature of Applicant

Date

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

Executed in (City), (State)

NOTARY PUBLIC Signature

My Commission Expires

SECURE AND VERIFIABLE DOCUMENTS

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2 contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government , must have I-94 attached
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government
- A Certificate of Citizenship issued by the United States Department of Citizenship and
- Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)



The e-verify private employer affidavit must be collected when applying for occupational tax certificates, and alcohol licenses. The city of Duluth will not issue your license unless you are registered with and use the E-Verify program. If you have not registered with E-verify, you can find the information at www.uscis.gov.

By executing this affidavit under oath, as an applicant for a _____ (Occupational Tax Certificate, Business License, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Duluth, the undersigned applicant representing the private employer known as _____ (Printed Name of Private Employer) verifies one of the following with respect to my application for the above mentioned business document:

1. Choose ONE of the following:

- (A) _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten employees**. If the employer selected (A) please fill out section 2 below.
- (B) _____ On January 1st of the below signed year the individual, firm, or corporation employed **less than ten employees**. If the employer selected (B) please provide Driver's License Number.

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ Federal Work Authorization User ID Number or DL Number

_____ Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties allowed by such statute.

THIS FORM MUST BE NOTARIZED AND SIGNED

Signature of Authorized Officer or Agent

Printed Name/Title of Authorized Officer or Agent

Date

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

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature

My Commission Expires

City of Duluth

Emergency Business Contact Information

Dear Business Owner/Manager,

This information is required to be provided annually at the time of your business issuance/renewal so that the City of Duluth can contact you after normal business hours should an emergency arise. The personal contact information is for official police department use only and is kept strictly confidential. If changes should occur throughout the year, please update via fax to the Business Office (770-623-2780) or Duluth Police Communications Center fax (678-417-1857).

Emergency Contact Sticker #: _____

Business Name: _____ DBA: _____

Business Address: _____

Business Phone #: _____ Type of Business: _____

Shopping Center: _____ Subdivision: _____

Building# _____ Floor# _____ Suite# _____ Apt# _____ Other _____ Home Based? Yes No

Days and Hours of Operation: _____

Alarm Company: _____ Phone # _____

Special Hazards: _____

Name of Building / Property Owner: _____

Address: _____

_____ Home Phone

_____ Cell Phone

_____ Email

First Contact Name: _____ Affiliation with Business: _____

Address: _____

_____ Home Phone

_____ Cell Phone

_____ Email

Second Contact Name _____ Affiliation with Business: _____

Address: _____

_____ Home Phone

_____ Cell Phone

_____ Email

I certify that all of the information provided on this form is true and complete.

Signature: _____

Date: _____

Print Name: _____

Business Title: _____