



## Carroll County Department of Community Development

423 College Street; P.O. Box 388, Carrollton, GA 30117 ☎ 770.830.5861

### APPLICATION FOR THE RENEWAL OF OCCUPATIONAL TAX CERTIFICATE OR HOME OCCUPATION

Fill out the application below and submit with appropriate fees. No Parcel Information Sheet is required.

#### Business Information

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Mailing: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ E-Verify# \_\_\_\_\_ (if you have over 10 employees)

Description of dominant business:

If there has been any changes to the business since last year? \_\_\_\_\_ (if yes please attach a list of any changes made since last year, such as ownership, partnership, addresses etc).

#### Business Owner/Applicant Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

State Card # \_\_\_\_\_

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 the Department of Community Development to be put in our file.

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Notary: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

Seal:



# Carroll County Department of Community Development

423 College Street Carrollton, GA 30117  
P.O. Box 338 (770) 830-5861

## 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: