



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

APPLICATION FOR RENEWAL OF OCCUPATIONAL TAX CERTIFICATE OR HOME OCCUPATION

Business Name: _____

Business Location _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Number of Employees: _____ E-Verify Number: _____ Business Type: _____

If a business is a partnership or corporation, please attach a list of the names, home phone numbers, and addresses of all partners, officers, or directors.

Business Owner/Applicant Information

Name: _____

Phone: _____ Applicant Email: _____

Address: _____

City: _____ State: _____ Zip: _____ State License # _____

Acknowledgement

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 Carroll County Department of Community Development to be placed in our file.

Print Name: _____

Signature: _____



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OCCUPATIONAL TAX/HOME OCCUPATION ESTIMATE FORM

Business Name: _____ **Date:** _____

Estimated Gross Receipts: _____ **Total Fee Due:** _____
(calculated by Worksheet)

Business Owners Signature: _____ **Tax Forms Enclosed?** Yes No

Calculate your payment using the following table and the information on your renewal letter/license. If you have an Commercial OTC, use Worksheet A; a Home Occupation, use Worksheet B.

Occupational Tax Class Table

Tax Class	Tax Rate on Gross Receipts	Rate per \$1,000 of Gross
1	0.00050	\$0.50
2	0.000625	\$0.625
3	0.00075	\$0.75

Example:

If your business total gross receipts is \$2,000,000.00 and the tax class is 1:

\$2,000,000.00 (Total Gross receipts)
x .00050 (multiplied by the tax class)
1000.00 (License Fee)
Add the administration fee of \$35.00
Your O.T. total = \$1025.00
If your Business has a sign* add \$25.00 = \$1050.00

Staff will verify that you have applied the correct license fee before issuing a license.

**This is for existing signage only. New signage will require the submittal of a sign permit application.*

<p>Worksheet A. Occupational Tax Certificate</p> <p>_____ Total Gross Receipts</p> <p>x _____ Tax Rate on Gross Receipts =</p> <p>_____ License Fee</p> <p>+ \$35 Administration Fee</p> <p>+ \$25 for Sign Renewal (if Business has signage)</p> <p>= _____ Total Amount Due</p>	<p>Worksheet B. Home Occupation</p> <p>_____ Total Gross Receipts</p> <p>x _____ Tax Rate on Gross Receipts</p> <p>= _____ License Fee</p> <p>+ \$35 Administration Fee</p> <p>+ \$125 Application Fee</p> <p>= _____ Total Amount Due</p>
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Tax Extension Request

I, _____, would like to request an extension on my Occupational Tax. I understand that I will be required to submit a copy of my Federal Income Tax return as soon as it is completed and filed. I also understand that I am to provide the Department of Community Development with this information no later than December 1st of this year.

Note: If an extension has been requested, we require a copy of the Extension Request that was sent to the Internal Revenue Service.

Signature: _____ Title: _____ Date: _____

*According to Georgia Dept. of Revenue Tax Guide, all taxpayers must file a return for each period even if their business did not operate or there were no taxable sales.



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STATE OF GEORGIA
COUNTY OF CARROLL

AFFIDAVIT FOR AN OCCUPATIONAL TAX CERTIFICATE

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for an Occupational Tax Certificate under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This ____ day of _____, _____.

AFFIANT (signature)

Personal _____

Address: _____

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity name and address:
Entity: _____
Address: _____

Sworn to and subscribed before me on this
__ day of _____, _____.

Signature: _____

My Commission Expires: _____

Seal:



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AFFIDAVIT VERIFYING STATUS FOR A CARROLL COUNTY PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for an **OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE)** or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for an **OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE)** or other public benefit for _____ [PRINT NAME].
[Name of natural person applying on behalf of individual, business, corporation, or other private entity]

CHECK ONE OF THE FOLLOWING:

1. _____ I AM A UNITED STATES CITIZEN

-OR-

2. _____ I AM A LEGAL PERMANENT RESIDENT 18 YEARS OF AGE OR OLDER OR I AM AN OTHERWISE QUALIFIED ALIEN OR NON-IMMIGRANT UNDER THE FEDERAL IMMIGRATION AND NATIONALITY ACT 18 YEARS OF AGE OR OLDER AND LAWFULLY PRESENT IN THE UNITED STATES.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Printed Name: _____

Signature of Applicant: _____ Date: _____

*Alien Registration Number for Non-Citizens: _____

***Note:** O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their 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:

Notary

Sworn to and subscribed before me on this _____ day of _____, _____.

Signature: _____
My Commission Expires: _____

Seal:

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

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) employees¹.

*** 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 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 Identification Number

Date of Authorization

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

Executed on _____, ____, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

