



CITY OF BALL GROUND OCCUPATIONAL TAX FORM

215 Valley St, P. O. Box 285 – Ball Ground, Georgia 30107

Phone: 770-735-2123 Fax: 770-735-4575

BUSINESS INFORMATION

Application for: () New Business () Renewal Date business opened in Ball Ground: _____

Please indicate ownership status Individual Partnership Corporation Non-Profit
 LLC Professional Insurance Agency/Company

BUSINESS NAME _____

DBA If Applicable: _____
If using DBA must provide Trade (You must provide a copy of the Certificate of Incorporation from Secretary of State if Incorporated)

PHYSICAL ADDRESS _____

Street City State Zip Code
Business Phone Number _____ Business Fax Number _____

Business Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____

Email Address _____

Website _____ Zoning Classification _____

NUMBER OF EMPLOYEES (including owner) _____ FEE \$ _____ (based on attached fee schedule)

Description of Business _____

Principal Product(s) _____

AFTER HOURS EMERGENCY CONTACT NAME & NUMBER(s) _____

OWNERS INFORMATION

(Complete for each owner, use back if necessary and attach copy of owners driver's license)

Last Name _____ First Name _____ Middle Initial _____

Address _____
Street / P. O. Box City Zip Code

Last Name _____ First Name _____ Middle Initial _____

Address _____
Street/ P. O. Box City Zip Code

Please include a copy of your current State of Georgia License if your business is included in, but not limited to the following: Electrician, Plumber, Mechanical, Low Voltage, Barber/Beautician, Accountant, Architect, Dentist, Surveyor, Appraiser, Real Estate Broker, Used Car Dealer, Pest Control, Hearing Aid Dealers, or Financial Directors.

I certify that the above information is true and correct. I hereby acknowledge that I am subject to the City of Ball Ground's Code of Ordinances, Occupational Tax Ordinance and the Laws of the State of Georgia.

SIGNATURE OF APPLICANT PRINT NAME CLEARLY DATE

Occupation tax schedule

Tax rate determined by number of employees for each business, trade, profession or occupation is as follows.

The number of employees is based on the maximum number of employees at any given time over the past year. This included the owner(s) plus any individual working for a salary/wages whether full-time, part-time or borrowed employee located in the City Limits of Ball Ground, Georgia.

PLEASE REMIT THE AMOUNT DUE ACCORDING TO THE NUMBER OF EMPLOYEES.

Number of Employees	Base*	Admin	Total	Renewal Payment after Due Date
1	30.00	25.00	55.00	60.50
2	60.00	25.00	85.00	93.50
3	90.00	25.00	115.00	126.50
4	115.00	25.00	140.00	154.00
5	140.00	25.00	165.00	181.50
6	165.00	25.00	190.00	209.00
7	190.00	25.00	215.00	236.50
8	215.00	25.00	240.00	264.00
9	230.00	25.00	255.00	280.50
10	245.00	25.00	270.00	297.00
11	260.00	25.00	285.00	313.50
12	275.00	25.00	300.00	330.00
13	290.00	25.00	315.00	346.50
14	305.00	25.00	330.00	363.00
15	320.00	25.00	345.00	379.50
16	335.00	25.00	360.00	396.00
17	350.00	25.00	375.00	412.50
18	365.00	25.00	390.00	429.00
19	380.00	25.00	405.00	445.00
20	395.00	25.00	420.00	462.00
21	410.00	25.00	435.00	478.50
22	425.00	25.00	450.00	495.00
23	440.00	25.00	465.00	511.50
24	455.00	25.00	480.00	528.00
25	470.00	25.00	495.00	544.50

For each employee over 25, add another \$15 to the total amount.



**Save Public Benefits Affidavit
O.C.G.A. § 50-36-1**

Affidavit of Compliance with Act, O.C.G.A. 50-36-1 "Verification of Lawful Presence within the United States

Pursuant to the Georgia Security and Immigration Compliance Act, O.C.G.A. 50-36-1, requires that applicants applying for such things as license for public benefits complete a signed and sworn affidavit verifying the applicant's lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a U. S. Citizen or legal permanent resident at least eighteen (18) years old.
_____ Yes _____ NO or IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. *A photo static copy of the applicant's alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.*

I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.

Signature

Date

Title

Legal Company Name

Company Address

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. A STAMPED SIGNATUE IS NOT ACCEPTABLE.)

I hereby certify that _____ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

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

Notary Public

Commission Expires

*All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2.



**City of Ball Ground
E-Verify and Private Employer Affidavit
O.C.G.A. §36-60-6(d)**

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, and alcohol licenses. The City of Ball Ground 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 Ball Ground, 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:

_____ On January 1st of the below signed year the individual, the individual, firm, or corporation employed more than ten (10) employees. If the employer selected this option, please fill out section 2 below

_____ On January 1st of the below signed year, the individual, firm, or corporation employed fewer than ten (10) employees..

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. PLEASE NOTE.....THIS IS NOT YOUR FEDERAL EMPLOYER IDENTIFICATION NUMBER.

_____ Federal Work Authorization Use Identification 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 _____, _____

Notary Public

My Commission Expires