



City of Ball Ground  
215 Valley St / P. O. Box 285  
Ball Ground, GA 30107  
Phone 770-735-2123

## 2024 Occupational Tax Business License Renewal Application

Dear Business Owner:

Your Occupational Tax License will expire January 31, 2024. Please complete this form along with the affidavit, verifying status and amount of your license to return it on or before January 31, 2024. (See schedule of fees on back) Said registration form and occupation tax if not paid by January 31, 2024 will be subject to a 10% late fee beginning February 15, 2024.

Depending on the number of people you employ you may be required to register with the Department of Homeland Security E-Verify Program. You can access this information at [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify) or contact USCIS at 1-888-464-4218.

In addition, before the City of Ball Ground will issue an occupational tax certificate to any person engaged in a profession or business required to be licensed by the state under Georgia Code Title 43, the person **MUST** provide evidence of such licensure. Examples of such required licenses are accountants, architects, cosmetologists, general contractors and electricians, medical professionals, and used car dealers. For more information or complete list of occupations subject to professional licensure, please visit the Secretary of State website at [www.sos.ga.gov](http://www.sos.ga.gov) or call their office at (478) 207-2440.

Please provide a copy of your government issued ID, (i.e. Driver's license or front and back of permanent resident card).

Please contact Karen Jordan at 678-454-5075 or email [kjordan@cityoballground.com](mailto:kjordan@cityoballground.com) with any questions you may have.

Business Name \_\_\_\_\_ DBA/Trade Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Email Address \_\_\_\_\_

Owner Name \_\_\_\_\_ Owner Phone Number \_\_\_\_\_

Owner Address \_\_\_\_\_ Owner Email Address \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Number of Employees \_\_\_\_\_ E-Verify Number \_\_\_\_\_

Is this a Home-Base Business? ( ) Yes ( ) No

Signature: \_\_\_\_\_ 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 SIGNATURE 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](http://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