



**City of Ball Ground**  
**Occupation Tax Certificate**

**NEW BUSINESS Application**

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

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

Attached is the City of Ball Ground Occupational Tax Certificate application package. Please follow the directions and guidelines as specified below to ensure that your application is processed correctly. A Business License/Occupational Tax Certificate must be purchased before operating a business in the City of Ball Ground.

ALL new businesses must obtain their License within 30 days of the commencement of business

1. Complete the application. Fill in all blanks; use N/A if the question does not apply to your business. The application **MUST** be completed in detail, signed, and dated.
2. Attach all items listed below which may apply to your application:
  - A. Provide proof that your business name is either registered with the Secretary of State or with Cherokee County as a Trade Name
  - B. Copy of state and/or federal license (if applicable) (required for professional licenses)
  - C. Completed Home Occupation Application Permit (if Home Occupation)
  - D. Proof of Certificate of Occupancy (Applies to new and existing buildings with occupational use changes; Food Establishments; Alcohol Establishments; and square footage changes.)
  - E. Food Service Permits.
  - F. Completed and Notarized Private employer Affidavit
  - G. Completed and Notarized Status of Citizenship Compliance Affidavit with a copy of the applicant's photo identification.
  - H. A copy of your lease (for businesses in a Co-working establishment)
3. Acceptable forms of payment are cash, check, Visa, and MasterCard. Make checks payable to the City of Ball Ground.
4. Your business may need additional approvals, inspections and/or a Certificate of Occupancy if it is a new business location, a change of business use or if renovations have been made at the new business location. These approvals must be completed before your business license can be issued.

# NEW BUSINESS APPLICATION - OCCUPATION TAX CERTIFICATE

## GENERAL BUSINESS INFORMATION

BUSINESS OR PROFESSIONAL'S NAME

DBA/TRADE NAME

BUSINESS STREET ADDRESS

BUSINESS MAILING ADDRESS  
(IF DIFFERENT FROM ABOVE)

BUSINESS PHONE NUMBER

BUSINESS EMAIL ADDRESS

EMERGENCY CONTACT NAME(S)

EMERGENCY CONTACT PHONE NUMBER(S)

## BUSINESS OWNER'S INFORMATION

(1) Owner Name

(1) Owner Address

(1) Owner Phone Number

(1) Owner Email Address

(2) Owner Name

(2) Owner Address

(2) Owner Phone Number

(2) Owner Email Address

Total Number of Employees  
(Includes Owner(s))

E-Verify Number  
Federal EIN:

You can apply for your **Federal Employer Identification Number** (Federal EIN) by visiting the Internal Revenue Service Website [www.irs.gov](http://www.irs.gov) Contact Number: 1-800-829-4933

State STN:  
State TIN:

You can apply for your **State Sales Tax Number** (State STN) and your **State Tax Identification Number** (State TIN) by visiting The Georgia Department of Revenue Website [www.dor.georgia.gov](http://www.dor.georgia.gov) Contact Number: 1-877-423-6711

**\*\*FORM MUST BE SIGNED AND DATED**

Certification: I hereby, do register and apply to operate business within the city limits of Ball Ground, Georgia and I further certify that the information contained in this application is true and correct, to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**City of Ball Ground**

*New Business Application – Occupation Tax Certificate (11.13.2024)*

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## 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 the individual working for a salary/wage whether full-time, part-time, or borrowed employee located in the City Limits of Ball Ground, Georgia

### **PLEASE REMIT THE AMOUNT 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 Affidavit

## Affidavit Verifying Status for City Public Benefit Applicants Pursuant to O.C.G.A. Section 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate**, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

### Section 1:

Applicants must select 1 of these 3 options.

- 1)  I am a United States Citizen  
(Must provide a copy of either current State Driver's License, Passport, Military ID, or another approved document. \*)
- 2)  I am a legal permanent resident of the United States. \*\*  
(Must provide a copy of your Permanent Resident Card or another approved document. \*)
- 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. \*\* (Must provide a copy of your Employment Authorization Card or another approved document. \*)

Applicants who select 2 or 3 above must complete the 'alien number' question.

\*See link for acceptable forms of identification: [law.ga.gov/immigration-reports](http://law.ga.gov/immigration-reports)

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

### Section 2:

All applicants must describe the secure and verifiable document in this field and provide a front and back copy of that document with this affidavit.

The undersigned applicant 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 O.C.G.A. Section 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

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 O.C.G.A. Section 16-10-20, and face criminal penalties as allowed by such criminal statute.

### Section 3:

Wait to complete this section when you are in front of a Notary Public. Please be sure to complete all fields in this section at that time.

Executed in \_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Signature of Applicant Date Printed Name of Applicant

\_\_\_\_\_  
Name of Business Title of Applicant

### Section 4:

The Notary Public must witness your signature and complete this section.

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ (SEAL) My

Commission Expires: \_\_\_\_\_