



City of Ball Ground
Occupation Tax Certificate

RENEWAL 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's Occupation Tax Certificate Renewal Application package. Please follow the directions and guidelines as specified below to ensure that your application is processed correctly & on time.

All businesses must renew their Occupation Tax Certificate by January 1st of each year to avoid late penalties.

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. Copy of state and/or federal license (if applicable) (required for professional licenses)
 - B. Your most recent Georgia annual corporate registration
 - C. Completed and Notarized E-Verify/ Private employer Affidavit (Required for all)
 - D. Completed and Notarized SAVE/ Status of Citizenship Compliance Affidavit (required for all)
 - E. A Copy of the applicant's photo identification. (Required for all)
3. Acceptable forms of payment are cash, check, Visa, and MasterCard. Make checks payable to the City of Ball Ground.

Occupational Tax Certificate is valid from January 1st to December 31st of each year. Renewal notices will be emailed or mailed to the address on record. Renewals not received by 5:00 p.m. on January 1st are subject to a 10% penalty. Postmarks are not accepted for compliance with January 1st deadline date.

RENEWAL APPLICATION - OCCUPATION TAX CERTIFICATE

Return application and payment before Jan. 1st.

Payments made after return date are subject to a 10% penalty

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

****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: _____

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

(E-Verify)
Private Employer Affidavit for Public Benefit Applicants
Pursuant to O.C.G.A. § 36-60-6(d)

Public Benefit Applied For: Occupation Tax Certificate

The undersigned applicant as the duly authorized representative of the below-named private employer verifies one of the following with respect to my application for the public benefit indicated above mentioned:

<p>Section 1: <i>Applicant must select either "a" or "b" in Section 1.</i></p>
<p>Section 2: <i>Complete the fields in section 2 if you selected "a" under Section 1 above. Skip to next section if you selected "b".</i></p> <p><i>The Federal Work Authorization User ID # is a 4-to-7-digit number assigned by the E-Verify Program. It is not the same as FEIN, Federal Employer ID Number, or tax ID.</i></p> <p><i>Include the date the number was assigned in the second field.</i></p>
<p>Section 3: <i>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.</i></p>
<p>Section 4: <i>The Notary Public must witness your signature and complete this section.</i></p>

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

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:

Federal Work Authorization User Identification #	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 or representation in an affidavit shall be guilty of a violation of Official Code of Georgia §16-10-20.

Executed in _____, _____ State.

City

Signature of Applicant	Date	Printed Name of Applicant

Name of Business	Title of Applicant

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

Signature of Notary Public: _____ (SEAL)

My Commission Expires: _____

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

**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 _____, _____ State.
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: _____