

New Occupational Tax Registration Application

City of Port Wentworth, Georgia
Expires December 31st

Date: _____

License Type (Check One): Commercial _____ Home Occupation _____ Peddlers _____

Name of Business: _____ DBA (if different): _____

Type of Business: _____

SSN/Tax ID#: _____ Number of Employees: Full-time _____ Part-time _____

North American Industry Classification System (NAICS) Title: _____ NAICS Code: _____

(Information can be found at www.naics.com)

Location Address of Business: _____

Zoning of Property: _____

Mailing Address (if different from location): _____

Business Telephone#: _____ Business Fax#: _____

Email Address: _____

Owner/President Information:

(Circle One)

Name Address Telephone#

Manager/Operator Information:

(Circle One)

Name Address Telephone#

The undersigned hereby certifies that the approved statements are true and correct to the best of his/her knowledge and belief.

Printed Name

Signature

Title

Zoning Approval:

This location is is **NOT** properly zoned for the proposed business use.

Zoning Administrator: _____ **Date:** _____



Fire Approval:

This proposed business & location Does Does **NOT** meet the City of Port Wentworth Local Ordinances. **Occupancy Load** _____

Fire Inspector: _____ **Date:** _____



For City use only:			
License#: _____	Amount Paid: _____	Date Paid: _____	Processed by: _____
Approved by City Manager: _____		Date Approved: _____	

**E-VERIFY EXEMPTION AFFIDAVIT
PRIVATE EMPLOYER EXEMPTION AFFIDAVIT
PURSUANT TO O.C.G.A. § 36-60-6(D)**

By executing this affidavit under oath, as an applicant for a City of Port Wentworth, Georgia Occupational Tax Certificate (Business License), Alcohol Beverage License, or **other document** required to operate a business referenced in O.C.G.A. § 36-60-6(d), the undersigned applicant representing the private entity known as

Name of Private Employer (Business)

verifies one of the following with respect to my application for the above-mentioned document:

- (A) _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or **more** employees.*
- (B) _____ On January 1st of the below signed year the individual, firm, or corporation employed **less** than ten (10) employees.*

COMPLETE THIS SECTION IF AND ONLY IF YOU CHECKED (A) ABOVE

The employer has registered with and utilizes the federal work authorization program, commonly known as E-Verify or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a) and O.C.G.A. § 13-10-90. 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 Number (*E-Verify*)

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 O.C.G.A.

§16-10-20, and face criminal penalties as allowed by such criminal statute.

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

Executed on _____ day of _____, 20 ____ in _____ (City), _____ (State).

Printed Name and Title of Authorized Officer or Agent

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE _____ DAY OF _____, 20 _____.

NOTARY PUBLIC

My Commission Expires: _____

*Note: The term "employee" refers to an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 but not a form I.R.S. 1099, provided that such person is also employed to work not less than 35 hours per week.
O.C.G.A. § 36-60-6(d); O.C.G.A. § 48-13-5

SAVE AFFIDAVIT

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT PURSUANT TO O.C.G.A. § 50-36-1(E)(2)

By executing this affidavit under oath, as an applicant for a City of Port Wentworth, Georgia Occupational Tax Certificate (Business License), Alcohol Beverage License, or **other public benefit** as referenced in O.C.G.A. § 50-36-1, the undersigned applicant representing the entity known as

Name of Private Employer (Business)

verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am legal permanent resident of the United States.
- 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.

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

The undersigned applicant also 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. § 50-36-1(e)(1), with this affidavit.*

The secure and verifiable document provided with this affidavit can be best 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.

§16-10-20, and face criminal penalties as allowed by such criminal statute.

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

correct. Executed in _____(City), _____(State).

Type of Public Benefit Applying For

____ Occupational Tax Certificate _____ Alcohol Beverage License

____ Other Benefit _____

Occupational Tax Certificate (Business License) Number

Printed Name of Applicant

Signature of Applicant

Date

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE _____ DAY OF _____, 20 ____.

NOTARY PUBLIC

My Commission Expires: _____

(NOTARY SEAL)

*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under 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 here: _____.](#)