



Town of Alto

P.O. Box 215
Alto, Georgia 30510
Phone 706-778-8035 • FAX 706-778-3357

OCCUPATIONAL TAX APPLICATION

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

OWNER/S: _____ CONTACT: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

TYPE OF BUSINESS: _____ NUMBER OF EMPLOYEES: _____

*UNDER STATE STATUTE WE ARE REQUIRED TO HAVE ON RECORD THE NUMBER OF EMPLOYEES. THE HOURS OF LESS THAN 40 HOUR EMPLOYEES ARE DIVIDED BY 40 TO PRODUCE THE NUMBER OF FULL TIME EMPLOYEES.

IF A STATE LICENSE IS REQUIRED FOR YOUR BUSINESS; A COPY MUST BE OBTAINED IN ORDER TO RECEIVE AN OCCUPATIONAL TAX CERTIFICATE. FEES ARE AS FOLLOWS: (EITHER BY MAIL OR IN PERSON AT THE ABOVE ADDRESS) WITH THE FEES.

EMPLOYEES	TAX RATE	ADMINISTRATIVE FEE	TOTAL TAX DUE
1-2	\$60.00	\$5.00	\$65.00
3-5	\$135.00	\$5.00	\$140.00
6-10	\$180.00	\$5.00	\$185.00
11-25	\$248.00	\$5.00	\$253.00
26-50	\$390.00	\$5.00	\$395.00
51-100	\$675.00	\$5.00	\$680.00
101-150	\$975.00	\$5.00	\$980.00
151-250	\$1275.00	\$5.00	\$1280.00
251-500	\$1500.00	\$5.00	\$1505.00
501-1000	\$2250.00	\$5.00	\$2255.00
1001 AND UP	\$3000.00	\$5.00	\$3005.00

I hereby affirm that the information that has been written on this form is accurate to the best of my knowledge. I understand that I will be liable for any false information that is written on this form.

Witness: _____ Signature: _____
Notary Public Owner, Manager, etc.

My commission expires: _____ Date: _____

***Please attach a copy of your State license, if required. The City Hall will maintain a photo ID of the person applying for the license. A valid Driver's License will be accepted.

Affidavit Pursuant to Georgia Immigration Laws

Note: As a prerequisite to certain interactions with government entities, Georgia Law requires an affidavit regarding the subjects indicated herein.

1. I am over the age of 18, of sound mind, and am competent to make this Affidavit.
2. Initial all that apply (you may initial more than one):

_____ I execute this Affidavit as an applicant for a Public Benefit. Public Benefits include Retirement Benefits, Health Benefits, Disability Benefits, Contracts, Business Loans, Business Licenses, Professional Licenses, Certificates authorizing the transaction of regulated businesses, other benefits as referenced and defined in O.C.G.A. Section 50-36-1, and as defined by the Attorney General of the State of Georgia. (Please circle which of the public benefits that apply.)

_____ I execute this Affidavit as a contractor or subcontractor on a project of the Town of Alto.

3. I submit this affidavit on behalf of _____ (self or business entity).

4. With respect to my personal presence in the United States, I state as follows:

a. _____ I am a United States citizen. **OR**

b. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act lawfully present in the United States. I have provided my Alien Registration Number or, in the event I do not have an Alien Registration Number, I have provided another identifying number below.*

5. With respect to efforts to verify the lawful presence of persons employed or engaged by me or the entity on behalf of which I sign this Affidavit, I affirm (a) that the system known as "E-Verify" is used to determine immigration status of all employees, contractors or subcontractors, as the case may be; (b) that the pertinent E-Verify user number is _____; (c) that E-Verify will be used to verify the immigration status of all employees and contractors/subcontractors in the future, indefinitely; and (d) that I will notify the Town of Alto immediately if there should be any change in the above stated E-Verify usage.

6. In making the above representations under oath, I understand that the Town of Alto and its employees are relying upon this affidavit, and I hereby authorize them to do so. I am aware 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 Code Section 16-10-20 of the Official Code of Georgia.

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

Signature of Applicant: _____

Date: _____

Print: _____

*

Alien Reg. No. or Other Identifying No. for Non-Citizens

Notary Public
My Commission Expires:

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, 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.**

OFFICE USE ONLY:

Type of Secure and Verifiable Document: _____

TOWN OF ALTO

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize 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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ___, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

* This affidavit is for submissions made on or after to July 1, 2013.

TOWN OF ALTO

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation 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. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

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

Executed on _____, ___, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____