



Community Development Department

121 South McDonough Street, Jonesboro, GA 30236

Office: (770) 477-3569

<https://www.claytoncountyga.gov/government/community-development>

Occupational Tax Certificate Renewal Application

* Please submit by February 15th to prevent a delay in processing*

Business Information **OWNER/MANAGER IS RESPONSIBLE FOR REPORTING ALL CHANGES TO YOUR BUSINESS**

Business Name		Business Ownership Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (explain)			
Federal EIN:	E Verify Identification #:	Business License No.	Tax Class	NAICS Code	
Business Address:		City	State	Zip	Unit/Suite#
Mailing Address:		City	State	Zip	Unit/Suite#
Renewal type: <input type="checkbox"/> Renewal w/ no Changes Final: <input type="checkbox"/> SOLD <input type="checkbox"/> CLOSED <input type="checkbox"/> Changes			Tax Commissioner Verification <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____		
Do not leave gross revenue or number of employees blank. If no gross revenue earned, then indicate \$0. Out of state businesses with no Georgia location must report Georgia revenue only. Pursuant to Clayton County Ordinance Sec. 22-71, all businesses are subject to Audit .					
Renewal	Prior Year Actual Gross Revenue (Ord. Section 22-27)		\$	# of Employees	
	Renewal Year Estimated Gross Revenue (Annual prior year or estimated total on partial year) (Ord. Sec. 22-67)		\$	# of Employees	
Final: Closed/Sold	Enter Actual Gross Revenue and number of Employees		\$	# of Employees	
	Date Closed or Sold:		NAIC Code	Verified by	
Changes	Please list any changes to business name, Location, Mailing Address, Phone # and Principal Officers of Business				

Owner/Applicant Information

Owner/Applicant Name			Corporation Name		
Address			Address		
City	State	Zip	City	State	Zip
Tel#	Mobile #		Tel#	Mobile #	
Fax #	Email		Fax #	Email	

Related Parties (List Principal Officers of the Business)

Name			Name			Name		
Address			Address			Address		
City	State	Zip	City	State	Zip	City	State	Zip
Driver's License #	SS#		Driver's License #	SS#		Driver's License #	SS#	
Tel#	Mobile #		Tel#	Mobile #		Tel#	Mobile #	
Email	DOB		Email	DOB		Email	DOB	

CERTIFICATION – The information herein is required by section 22-54 Clayton County Code of Ordinance

I _____ being the _____ (Title) of the business firm named, do hereby register to operate said business that they applicant intends to conduct.	
Type of business _____	Fax _____ Phone _____
According to the classification index of the business tax ordinance, Clayton County, Georgia; the undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for the business license, including the accompanying schedules and statements, and that the same are true. I understand, if issued, the business license may be revoked at any time should I fail to meet all the requirements of the Occupational Tax Ordinance of Clayton County, Georgia.	
Applicant Signature _____	Title _____ Date _____



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

By executing this affidavit under oath, as an applicant for a(n) Business License [*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from Clayton County, Ga. [*name of county or municipal corporation*], 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 document:

1. Fill out this section if the current date is after July 1, 2013.

- (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 less than ten (10) employees.

If the employer selected 1(a) please fill out Section 3 below.

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:

Federal Work Authorization User Identification 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 or 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.

Executed on the ___ date of _____, 20___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

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

NOTARY PUBLIC
My Commission Expires:



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O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit

By executing this affidavit under oath, as an applicant for a(n) Business License [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from Clayton County, Ga. [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a 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 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. § 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. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires: