



4303 Lawrenceville Road
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-1165
Fax: 770-466-9128

Commercial Occupational Tax Certificate Application Packet

Contents:

Occupational Tax Application – Complete Applications and Sign

Fire Department – Complete New Business Occupancy Application and Sign

Affidavit Verifying Residency – (SAVE) Complete and have notarized.

Private Employer Affidavit – (E-Verify) Complete and have notarized.

- # of employees will include: Owner, Full Time and Part Time employees.

* Notary on premises.

Attach:

Driver's License

State License # (if applicable)

Tax ID # (if applicable)

Applicable Tax Forms

Payment:

Forms of payment accepted:

- Cash

- Checks

- Money Orders

Make payable to the “City of Loganville”

Please Note: Any outstanding utility and/or tax bill(s) must be paid in full to receive an Occupational Tax Certificate.



NEW OCCUPATIONAL TAX APPLICATION

CITY OF LOGANVILLE OCCUPATIONAL TAX OFFICE
 4303 LAWRENCEVILLE ROAD
 LOGANVILLE, GA 30052
 Email: pjones@loganville-ga.gov
 Website: www.loganville-ga.gov/business
 Phone: (770) 466-1165

Complete all sections of this application.

Occupational Tax Account Information

1. Legal Name of Business/DBA		2. Business Site Address	
3. Corporate Address		3b. Mailing Address (include suite, apartment and/or building number)	
4. First Name	5. Middle Initial	6. Last Name	
7. Business Phone	8. Corporate or Other Phone	9. E-mail	
10. County <input type="checkbox"/> Walton <input type="checkbox"/> Gwinnett		All businesses are subject to audit by the City. If selected for audit and pursuant to City Ordinance Chapter 10-45(d), a business must provide prior year tax returns or other evidentiary documentation to support reported revenue.	11. Number of Employees
12. Ownership Type <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (please specify):			
13. Date of Incorporation (Found on your Articles of Incorporation)		14. Date of Opening	
15. Is this a residential business? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Have you ever operated a business in the City of Loganville? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is This an Internet Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	18 Type of Business <input type="checkbox"/> Non Profit <input type="checkbox"/> For Profit	19. SS# or number 22	Assigned by the Internal Revenue Service at https://gtc.dor.ga.gov
20. State of Georgia Tax ID #	21. State of Georgia Sales Tax ID#	22. Federal Employer ID #	Assigned by the Internal Revenue Service at https://www.irs.gov

PLEASE LIST PRINCIPAL OFFICERS OF BUSINESS

23. Name	Address	Title	Phone	SS# (Last Four Digits Only)
24. Name	Address	Title	Phone	SS# (Last Four Digits Only)

Certification

I,	25. Full Name	, being the	26. Title
of the business firm named, do hereby register to operate said business with the dominant business activity of		27. Business Type	
Pursuant to the ordinance; the undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for a occupational tax certificate, including the accompanying schedules and statements, and that the same are true. The occupational tax certificate does not authorize the selling or serving of alcohol. All applicable businesses must obtain a separate alcohol license. A partnership requires both signatures.			
Applicant Signature		Title	Date
Applicant Signature		Title	Date

For Official Use Only

Amount Due	SIC Code	Account #	Class
Date Paid	Taken By	This certificate is good for 20 _____	
Zoning _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied			

Businesses are required to submit a notarized SAVE affidavit, a notarized E-Verify affidavit and a copy of the applicant's government issued photo ID as part of the application process along with 501(c)(3) if registered as a non profit. A occupational tax certificate will NOT be issued until full compliance is achieved. For more information, visit the City's website at www.loganville-ga.gov/business



City of Loganville Fire Department
Fire Prevention & Inspection Office
605 Tom Brewer Rd. • Loganville, GA 30052
Office (770) 554-6900 • Fax (770) 554-6565

New Commercial Business Occupancy Application

Official Use Only

Permit # _____ P & D Project # _____ Date _____

Business Name _____

Street Address _____

Suite _____ Phone _____ County _____

Owner/Representative _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Email Address _____ Cell# _____

• This Application is subject to review and approval by the Authority Having Jurisdiction (The City of Loganville Fire Services).

• A Fire Prevention Inspection and Certificate of Occupancy, in compliance with the State Minimum Fire Safety Standards, shall be obtained from the City of Loganville Fire Services prior to occupancy of the building or facility.

Signature _____ Date _____

Fire Inspector _____ Date _____



Affidavit Verifying Residency Status of an Applicant Required by the Georgia Security and Immigration Compliance Act

This form is required to be filled out and notarized in order to receive an Occupational Tax License

By executing this affidavit under oath, as an application for a City of Loganville Occupation Certificate or other benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), I am stating the following with respect to my application for a City of Loganville Occupational Certificate.

1) _____ I am a United States citizen

OR

2) _____ 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 18 years of age or older and lawfully present in the United States. *

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

*Alien registration number for non-citizens _____

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

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, 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.

PLEASE INDICATE THE DOCUMENT VERIFYING YOUR RESIDENCY STATUS AND ATTACH A COPY OF THE DOCUMENT (front and back).

- | | |
|---|--|
| <input type="checkbox"/> I-327 (Reentry Permit) | <input type="checkbox"/> Machine Readable Immigrant Visa |
| <input type="checkbox"/> I-551 (Permanent Resident Card) | <input type="checkbox"/> Temporary I-551 Stamp (on passport or I-94) |
| <input type="checkbox"/> I-571 (Refugee Travel Document) | <input type="checkbox"/> I-94 (Arrival/Departure Record) |
| <input type="checkbox"/> I-688 (Temporary Resident Card) | <input type="checkbox"/> Unexpired Foreign Passport |
| <input type="checkbox"/> I-688A (Employment Authorization Card) | <input type="checkbox"/> I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status) |
| <input type="checkbox"/> I-688B (Employment Authorization Document) | <input type="checkbox"/> DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status) |
| <input type="checkbox"/> I-766 (Employment Authorization Card) | <input type="checkbox"/> Other (Use Document Description) |
| <input type="checkbox"/> Certificate of Citizenship | |
| <input type="checkbox"/> Naturalization Certificate | |

Applying on Behalf of/Name of Associated Business



4303 Lawrenceville Rd.
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-1165

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

Required by the State of Georgia

By executing this affidavit under oath, as an applicant for an *occupational tax certificate* as referenced in O.C.G.A. § 36-60-6(d), from the City of Loganville, the undersigned applicant representing the private employer known as _____ 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 Eleven (11) or more employees. (Please fill out Section 2 and 3 below).

(b) On January 1st of the below signed year the individual, firm, or corporation employed Ten (10) or less employees. (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 (E-verify Number)

Date of Authorization

3. 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: _____



LETTER OF CONSENT

To whom it may concern,

I, _____, grant _____ full authority to sign
(Name of owner) (Name of person signing)

all documents required for the 20____ City of Loganville Occupational Tax Certificate application
(Year)

and any other matters related to the 20____ application of such license and full and legal operation of
(Year)

_____ within the City limits. If you have any questions related to this
(Name of business)
matter, you may contact me using the information below.

Phone: _____

Email: _____

(Printed name of Owner)

(Signature of owner)

Date: _____

Subscribed and sworn before me on this _____ day of _____, 20____.

(Notary Public)

(My commission expires)

*** A copy of driver's license for each Owner and Signee must be attached and submitted with this form.**