

CITY OF TALLAPOOSA

25 East Alabama Street
TALLAPOOSA, GEORGIA 30176

APPLICATION FOR OCCUPATION TAX PERMIT

(Please print or type)

Business Name: _____

Georgia Tax I.D. Number _____

Business Address: _____

Business Phone: _____ Corporate Phone: _____

Mailing Address: _____
(If different from location address)

Description of Business: _____

Name of Owner: _____

Home Address: _____

Home Phone: _____

<p>Please fill out all the information in the spaces below. This information is needed to compute Occupation Tax.</p> <p>Number of Employees (Full): _____</p> <p>Number of Employees (Part Time) _____</p> <p>Average of the Total Number of Hours Worked By All Part Time Employees Per Week: _____</p> <p>New Business _____ Annual Renewal _____</p>	<p>Do not write in the spaces below.</p> <p>Total: _____</p> <p>Total Due: _____</p>
--	--

I, _____, do solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is used herein to procure the granting of said permit.

(Signature of Owner)

(Date)

CALCULATION OF LICENSE FEE BASED ON NUMBER OF EMPLOYEES:

For 2 or less Employees \$0.00 per EMPLOYEE + \$125.00 APPLICATION FEE

For 3 or more Employees \$10.00 per EMPLOYEE + \$125.00 APPLICATION FEE

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other benefit as referenced in O.C.G.A. Section 50-36-1, from **City of Tallapoosa**, the undersigned applicant verifies on 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 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 application 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).

Name of Business:

Signature of Applicant

Printed Name of Applicant

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

Notary Public: _____

My Commission Expires: _____

**THIS FORM MUST BE COMPLETED
BEFORE LICENSE CAN BE ISSUED**