CITY OF SYLVANIA

104 South Main Street, Sylvania, GA 30467
Telephone (912) 564-7411 Fax (912) 564-7407

TAX YEAR:

OCCUPATIONAL TAX RETURN

Legal Business Name: _____

Business Name - DBA: _____

Type of Business: _____

Business Location: _____

Mailing Address: _____

City, State, Zip: _____

Business Owner: _____

Business Telephone: _____

Business Owner's Address: _____

City, State, Zip: _____

Emergency Contact: _____

Emergency Phone: _____

State License Number: _____

Expiration Date of License: _____

Describe Business Activities: _____

FOR OFFICE USE ONLY

License #:

Date paid:

APPLICATION TYPE

- ☐ New Application
- ☐ Change of Information
- ☐ Renewal

LICENSE TYPE

- ☐ Residential Business
- ☐ Home Occupation
- ☐ Commercial
- ☐ Non-profit
- ☐ Peddler

Number of Full Time Employees: ☐

Full time employees - Article I. Section 18.46.2
"Full-time employee means an employee who works 40 hours or more weekly, and, in addition, the average weekly hours of employees who work less than 40 hours weekly shall be added and such sums shall be divided by 40 to produce full-time position equivalents, and each full-time position equivalent shall also be considered a full-time employee for purposes of this article. Fractional equivalents shall be rounded down to the nearest whole."

Employees	Amt Due
0-2	$ 75.00
3-6	$ 132.00
7-10	$ 190.00
11-15	$ 247.00
16-20	$ 305.00
21-25	$ 362.00
26 & over	$ 420.00

NOTE: Each person who is licensed by the examining boards of the Secretary of State's office MUST provide evidence of proper and current state licensure before a City of Sylvania Occupation Tax Certificate will be issued. Please submit this information with your application and fee payment.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.

SIGNATURE DATE

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate, as referenced in O.C.G.A § 50-36-1, from the City of Sylvania, the undersigned applicant verified 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 verified 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 _____, _____.

_____

Signature of Applicant

_____

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THE

_____DAY OF_____, 202_

NOTARY PUBLIC

My Commission Expires:

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

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

*** If you select Section 1(A), please fill out Section 2 and then execute below.

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

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

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: _____

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.