

COMMERCIAL OCCUPATIONAL TAX CERTIFICATE CHECKLIST

CITY OF RINCON
Planning & Development Department
302 S Columbia Avenue
Rincon, GA 31326
P: 912-826-5996
www.cityofrincon.com



For All Applications:
<input type="checkbox"/> Occupational Tax Certificate application
<input type="checkbox"/> SAVE affidavit
<input type="checkbox"/> Verifiable document*
<input type="checkbox"/> Private employer affidavit
<input type="checkbox"/> Copy of lease (first page and signature page)
<input type="checkbox"/> Copy of LLC certificate (if applicable)
<input type="checkbox"/> Copy of GA Secretary of State professional license (if applicable)
<input type="checkbox"/> Private employer affidavit
<i>*Examples of verifiable documents: US Passport, Military ID, Driver's license, Tribal ID card or US permanent resident card.</i>
For Restaurants (along with the above information, you will also need):
<input type="checkbox"/> Health Department certificate
<input type="checkbox"/> Grease trap certification
<input type="checkbox"/> Fingerprints and background check (for alcohol sales)
<input type="checkbox"/> State alcohol license (for alcohol sales)
For Taxi Drivers (along with the above information, you will also need):
<input type="checkbox"/> Copy of insurance
<input type="checkbox"/> Taxi Driver permit
For Daycares (along with the above information, you will also need):
<input type="checkbox"/> Bright from the Start documentation

What is SAVE?

Anyone seeking public benefits from the City must complete a SAVE affidavit. This is required by law, as defined in O.C.G.A §50-36-1. The affidavit is to verify lawful presence in the United States of anyone applying for a public benefit and that they are entitled to receive the benefit in which they applied.

The person who signs the occupational tax application MUST be the person that signs the SAVE affidavit.

What is E-Verify?

E-Verify is a federal web-based system that electronically verifies the employment of newly hired employees. Georgia law, O.C.G.A §36-60-6 requires *all* businesses with more than 10 employees that are seeking an occupational tax certificate to sign the private employer affidavit attesting that they are registered for and use E-Verify. Businesses with 10 or fewer are required to sign the private employer affidavit attesting that they are exempt from this requirement.

The person who signs the occupational tax application MUST be the person that signs the Private Employer affidavit.

**A sign permit is required before putting up a sign.

**If renovating your building, you must check with the Building Inspector first to see if a permit is required.

OCCUPATIONAL TAX CERTIFICATE APPLICATION

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The application must be filled out completely and the appropriate documents provided in order to obtain an Occupation Tax Certificate.

Legal Business Name:

Business Name - DBA:

Type of Business:

Business Address:

Suite:

City/State/Zip Code:

Business Phone:

Business Email:

Business Contact Person:

Phone:

Mailing Address of Business:

Suite:

City/State/Zip Code:

Emergency Contact:

Phone:

COMPANY TYPE (Please check one)

<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Professional Corporation
<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Professional Limited Liability Company		
*If you are an LLC you must provide a copy of your Certificate of Organization from the State.		

Describe Business Activities:

Will Commercial Vehicles be Used:

No Yes*

*If yes, describe size, type, location of storage:

Please attached a list of the quantities, types and storage location of any chemicals or hazardous materials that will be used for this Business.

Number of Employees (including self) [full-time equivalent]: _____

Federal ID#/EIN (Federal IRS Tax ID: _____

E-Verify #: _____

GA State Professional License #: _____

Expiration Date: _____

Is the owner of the Company a disabled Veteran with an honorable discharge: Yes No

Other Information if applicable:

Number of Coin Operated Machines: _____

Number of Rental Units: (apt, storage, etc.): _____

The undersigned hereby certifies or declares under penalty or perjury under the laws of the State of Georgia that the foregoing is true and correct. All information given is subject to verification with the City of Rincon.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Applicant must complete the Affidavits and provide a secure and verifiable document.

TYPE: NEW CHANGE INFORMATION

LICENSE: HOME COMMERCIAL NON-PROFIT

Office Use Only:

Date Received: _____

Total Paid: _____

Form of Payment: Cash Check Credit Card

**PRIVATE EMPLOYER
AFFIDAVIT**

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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, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the **City of Rincon**, 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:

- 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 **a** please fill out the below section:

The employer has registered with and utilizes the federal work authorization program commonly known as E-Verify 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 and Title of Authorized Officer or Agent

Sworn and subscribed before me this _____ day of _____, 20_____.

_____ My commission Expires: _____

Notary Public, State of Georgia

SAVE AFFIDAVIT

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AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Rincon, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a City of Rincon, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit (circle one) for _____. (Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.)

a. I am a United States citizen.

OR

b. I am a legal 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 make 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

Sworn and subscribed before me this _____ day of _____, 20_____.

_____ My commission Expires: _____

Notary Public, State of Georgia

*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 provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

****This form is required to be completed. In order for the application process to be complete, a color copy of a verifiable identification must be provided.**



City of Rincon
PO Box 232, Rincon, GA 31326
Phone: (912) 826-5996

Business Zoning Approval Form

If applicant is not the property owner we must have a copy of the lease.

Property Address: _____

Parcel Number: R Zoning: _____

To be completed by the applicant

Name: _____

Address: _____

Telephone #: _____

E-mail Address: _____

Signature: _____

Building Inspector Approval

City Planner Approval

City Manager Approval



RINCON POLICE DEPARTMENT
Emergency Contact Numbers



NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

BUSINESS PHONE NUMBER: _____

OWNER OF BUSINESS: _____

HOME PHONE: _____

HOME ADDRESS: _____

DO YOU HAVE AN ALARM SYSTEM? (Circle One) YES NO

NAME OF ALARM COMPANY: _____

1ST CONTACT PERSON: _____

PHONE NUMBER: _____

2ND CONTACT PERSON: _____

PHONE NUMBER: _____

***** PLEASE FILL OUT COMPLETELY *****