

Jasper County Planning & Zoning  
126 W. Greene Street Suite 017  
Monticello, GA 31064

**Shane Sealy**  
Planning and Zoning Director

**Kathleen Krupa-**  
Code Enforcement

## **Home Occupation Tax/Business License Application Packet**

**Keith Smith-**  
Building Inspector

Each person engaged in any business, trade, profession, or occupation in unincorporated Jasper County, Ga shall pay an occupational tax for said business. A pre-application meeting is not necessary to obtain a home occupation tax/business license; however, if you have any questions on completing the application, please feel free to come by our office or call 706-468-4905. Please review the Home Occupation Tax/Business License requirement list for more information.

A copy of a 501(c) 3 letter issued by the Internal Revenue Service is required for nonprofit organizations wishing to claim exemption from the occupational tax fee. Eighty percent (80%) or more of the organizations proceeds must be devoted to such purpose. Please note that nonprofit organizations must still pay administrative fees.

A partial exemption of occupational tax fees for Disabled Veterans may be granted if all of the following requirements are met: you must have been discharged under honorable conditions from the armed forces of the United States; have ten (10%) disability for certain wartime veterans, or a twenty-five percent (25%) service connected disability for peace time only veterans; and have an income that is not liable for state income taxes [O.C.G.A. & 43-12-1-& 43.12.4}.

If you have closed your business, please provide Planning and Zoning a written statement.

\*\*\*\*To avoid late penalty, please purchase license by February 28, 2018 (10 percent) late penalty \*\*\*\*

### Important Telephone Numbers....

Georgia Department of Revenue: [dor.georgia.gov/](http://dor.georgia.gov/), 1-877-423-6711  
Georgia Public Service Commission; [www.psc.state.ga.us](http://www.psc.state.ga.us), 404-656-4501  
Georgia Department of Driver Services: [www.dds.ga.gov](http://www.dds.ga.gov), 678-413-8400  
Better Business Bureau: [www.bbb.org/atlanta](http://www.bbb.org/atlanta), 404-766-0875  
Jasper County Superior Court: [djordan@jaspercountyga.org](mailto:djordan@jaspercountyga.org), 706-468-4901  
Jasper County Sheriff's Department: 706-468-4912  
U.S. Citizenship and Immigration Services: [www.uscis.gov](http://www.uscis.gov)  
E-Verify Customer Support: 1-888-464-4218

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### *List of Requirements for Obtaining a Home Occupation Tax/Business License*

If you have questions about completing your home occupation business license application, please call us at 706-468-4905 or come by the office.

- \_\_\_\_\_ Completed Home Occupation Business License application with the notarized Home Occupation Regulations affidavit (Notary on site at office).
  
- \_\_\_\_\_ Copy of State of Georgia Professional License. If the Georgia Secretary of State (404-656-2881) requires a license for you to practice your profession, you MUST submit a copy of your current license with your business license application.
  
- \_\_\_\_\_ Copy of Incorporation Papers. If your business is anything other than a Sole Proprietorship, You MUST submit a copy of your incorporation papers from the Georgia Secretary of State (404-656-2881)
  
- \_\_\_\_\_ Copy of your valid State Driver's License. Completed and Notarized Private Employer/Citizenship Affidavit.
  
- \_\_\_\_\_ Check or Money Order, made payable to Jasper County. Also Except cash. There will be a \$20.00 administrative fee on all accounts. The administrative fee must be paid up front..

# JASPER COUNTY OCCUPATIONAL TAX CERTIFICATE/BUSINESS LICENSE

Date: \_\_\_\_\_ #2018- \_\_\_\_\_

Name of Business \_\_\_\_\_

Description of Business Activity \_\_\_\_\_

Company Type:  Corporation  Partnership  Trade Name  DBA

Note: If your company is not registered, check DBA (doing business as)

Taxpayer Identification Number (social security or Fed ID) \_\_\_\_\_

Georgia Sales Tax Number \_\_\_\_\_ or  No retail sales

License or Registration numbers required by Law \_\_\_\_\_

Physical address of business \_\_\_\_\_

Telephone: Office \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner/Manager \_\_\_\_\_

**Fees per Number of Employees:**

0-5 = \$50	51-100 = \$750	401 and over = \$2500
6-10 = \$150	101-200 = \$1200	
11-20 = \$250	201-300 = \$1500	
21-50 = \$300	301-400 = \$2000	

**All new accounts are required to pay a \$20 administrative fee.**

Fee amount \$ \_\_\_\_\_ Administrative fee \$ \_\_\_\_\_

Total Paid \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Received by \_\_\_\_\_

Occupational tax certificates expire every December 31<sup>st</sup>. Renewal application will be accepted until February 28, 2017. After February, in addition to the occupational tax, a 10% (percent) penalty will be assessed.

I understand that the issuance of an occupational tax certificate does not exempt the holder from compliance with the Jasper County Zoning Ordinance.

Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

**SAVE FORM**

**JASPER COUNTY GEORGIA AFFIDAVIT**

**O.C.G.A. § 50-36-1 (E)(2) AFFIDAVIT VERIFYING STATUS FOR COUNTY PUBLIC BENEFIT  
SUBMITTED TO DEPARTMENT OF FINANCE -OFFICE OF REVENUE**

By executing this affidavit under oath, as an applicant for a (n) COUNTY BUSINESS LICENSE-OCCUPATIONAL TAX CERTIFICATE as referenced in O.C.G.A. § 50-36-1, from the **COUNTY OF JASPER, Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) \_\_\_\_\_ I am a United States citizen.

Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

2) \_\_\_\_\_ I am a legal permanent resident of the United States. \*\*

Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

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.\*\*

Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

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 MONTICELLO, GEORGIA.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS LICENSE ACCT NO.: \_\_\_\_\_

**SALES TAX ID NO.:** \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC /SEAL

**Occupational Tax Certificate**

# E-VERIFY AFFIDAVIT

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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If the employer selected Section 1(A), please fill out Section 2 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

\_\_\_\_\_  
Business Account No.

\_\_\_\_\_  
Federal Work Authorization User ID Number

\_\_\_\_\_  
Sales Tax ID NO. (Only if Applicable)

\_\_\_\_\_  
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

*License Year 2018*

**JASPER COUNTY  
BUSINESS EMERGENCY CONTACT NUMBERS**

**NAME OF BUSINESS:** \_\_\_\_\_

**911 ADDRESS OF BUSINESS:** \_\_\_\_\_

**BUSINESS PHONE NUMBER:** \_\_\_\_\_

**NAME OF BUSINESS OWNER:** \_\_\_\_\_

**OWNER'S HOME PHONE NUMBER:** \_\_\_\_\_

**OWNER'S CELL PHONE NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT #1 (if owner cannot be reached)**

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT #2**

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT #3**

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_