HOME OCCUPATION
TAX/BUSINESS LICENSE
APPLICATION PACKET

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 organization’s proceeds must be devoted to such purpose. Please note that nonprofit organizations must still pay administrative fees.

A full exemption of all 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, 2020 (10% percent) late penalty ***

Important Telephone Numbers....

Georgia Department of Revenue; etax.dor.ga.gov, 1-877-423-6711
Georgia Public Service Commission; www.psc.state.ga.us, 404-656-4501
Georgia Department of Driver Services; www.dds.ga.gov, 404-657-9300
Better Business Bureau: Atlanta.bbb.org, 404-766-0875
Jasper County Superior Court: djordan@jaspercountyga.org, 706-468-4901
Jasper County Sheriff’s Department: 706-468-4912
U.S. Citizenship and Immigration Services: www.usecis.gov
E-Verify Customer Support: 1-888-464-4218
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 OCCUPANIONAL TAX CERTIFICATE/BUSINESS LICENSE

Date: __________  #2020-________

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:

<table>
<thead>
<tr>
<th>Employees</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>$50</td>
</tr>
<tr>
<td>6-10</td>
<td>$150</td>
</tr>
<tr>
<td>11-20</td>
<td>$250</td>
</tr>
<tr>
<td>21-50</td>
<td>$300</td>
</tr>
<tr>
<td>51-100</td>
<td>$750</td>
</tr>
<tr>
<td>101-200</td>
<td>$1200</td>
</tr>
<tr>
<td>201-300</td>
<td>$1500</td>
</tr>
<tr>
<td>301-400</td>
<td>$2000</td>
</tr>
</tbody>
</table>

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 31st. Renewal application will be accepted until February 28, 2019. 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
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.

(B)___________ On January 1st 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 __________, ____________, 202__ 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 _______________________, 202___

__________________________________________
NOTARY PUBLIC

My Commission Expires

License Year 2020
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: __________________________________________________