



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, 2023 (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.uscis.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 accept cash. There will be a \$20.00 administrative fee on all new accounts. The administrative fee must be paid up front.



Fill out in entirety. This is for 911 in case of any emergency, they need to know who to call.

NAME OF BUSINESS: _____

911 ADDRESS OF BUSINESS: _____

BUSINESS PHONE NUMBER: _____

NAME OF BUSINESS OWNER: _____

OWNER'S HOME PHONE NUMBER: _____

OWNERS'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: _____



JASPER COUNTY OCCUPATIONAL TAX CERTIFICATE/BUSINESS LICENSE

Date: _____ #2023-_____

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

State License or Registration numbers required by Law _____

Physical address of business _____

Telephone: Office _____ Cell _____

Mailing Address _____

Email Address (required) _____

Owner/Manager _____

FEES PER NUMBER OF EMPLOYEES

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

All new accounts and late renewals 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 28th. After February, in addition to the occupational tax, an administrative fee of \$20 is required to re-open the account.

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 _____



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:

CHECK ONE

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: _____

SALES TAX ID NO.: _____

NOTARY PUBLIC /SEAL

My Commission Expires



**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 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 _____, _____, 20__ 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 _____, 20__

NOTARY PUBLIC

My Commission Expires

License Year 2023