



Barrow County Occupational Tax Regulatory Fee

Renewal Form

Economic & Community Development

30 North Broad Street

Winder, GA 30680

770-307-3021

www.Barrowga.org

Date: _____

Name of Business: _____

Location of Business: _____ Mailing Address of Business (if different): _____

Street: _____ Street: _____

City: _____ Zip: _____ City: _____ Zip: _____

Daytime Phone #: _____ Email: _____

Social Security No./Federal ID: _____ Sales Tax No: _____

Business Activities: _____ NAICS #: _____

State Certification # required: ___ Yes or ___ No (If "Yes" current certification **MUST** be attached)

Owner/Registered Agent: _____ President/Partner: _____

Name: _____ Name: _____

Street: _____ Street: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Phone #: _____ Phone #: _____

One a monthly average how many employees (*) do you have? _____

* 10 employees and over must supply E-Verify #: _____

*****It is the Business Owners responsibility to ensure all businesses are in compliance with Environmental Health.**

Print Name: _____ Signature: _____

County to complete:

Date: _____

Tax Liability: Administration Fee	\$35.00
1 employee	\$25.00
2-10 employees	\$25.00 for each employee
Over 10 employees	\$250.00 + (\$10.00 times the # of employees over 10)

Late Penalty 10% of amount due effective Jan. 15th thru April 15th

After April 15th must apply as new business + \$200.00 penalty

Tax Liability \$ _____

Practitioner Fee \$ _____

Regulatory Fee \$ _____

Penalty \$ _____

Total \$ _____ Cash _____ Check # _____ Occupational Tax # _____ **BARROW**

COUNTY BOARD OF COMMISSIONERS

**BUSINESS LICENSE/OCCUPATION TAX/ SIGN FEES/COPY
FEES
FOR FISCAL YEAR 2015**

Regulatory Fees (in addition to business license/occupation tax):

Auctioneer \$100.00 per auction	\$100.00
Peddlers of produce including flowers or agriculture products \$40 per yr	\$40.00
Dealers gold, silver, precious metals \$200.00 per yr	\$200.00
Bail Bondsman \$100.00 per yr	\$100.00
Fortunetellers/Palm Readers \$100 per yr	\$100.00
Game Rooms/Pool Halls \$100 per yr	\$100.00
Pawnbrokers \$200.00 per yr	\$200.00
Carnivals, Circuses & Fairs \$100 per yr	\$100.00
Peddlers of all other products \$100.00 per yr	\$100.00
Scrap Metal/Salvage Dealers \$100 per yr	\$100.00
Taxicab & Limousine Operators \$100 per car per yr + \$50 per operator per yr	\$100.00

Private Employer 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 _____
[*name of county or municipal corporation*], 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:

1. **Only fill out this section if the current date is on or before June 30, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

2. **Only fill out this section if the current date is on or after July 1, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

3. **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(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 _____, 201____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201____.

NOTARY PUBLIC

My Commission Expires:

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies 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 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 this the ___ day of _____, 2012 in _____ (city), _____ (state).

*Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

___ DAY OF _____, 201__

NOTARY PUBLIC

My Commission Expires:

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*