



City of Statesboro

www.statesboroga.net

P.O.Box 348  
50 East Main St.  
Statesboro, Ga. 30458

(912) 764-5468  
(912) 764-4691(fax)

## Occupational Tax Application

BLACK INK MUST BE USED

**YOU CANNOT OPEN FOR BUSINESS WITHOUT AN OCCUPATION TAX CERTIFICATE**  
**I understand all applicants will be required to provide a photo ID when this application is returned**

Date of Application: \_\_\_\_\_

Business Trade Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Georgia Sales Tax #: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

State Board Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dominant Line of Business: \_\_\_\_\_  
(DESCRIBE THE NATURE OF YOUR BUSINESS)

Most Recent Business at This Location: \_\_\_\_\_

Is this an ownership change only? \_\_\_\_\_ Are alcohol sales proposed? \_\_\_\_\_

Have you ever owned or operated a similar type business? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the name of the business and the City & State the business was located:

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

City \_\_\_\_\_ State \_\_\_\_\_

Is your business a home occupation? Yes \_\_\_\_\_ No \_\_\_\_\_

For new applications please answer the following questions:

YES      If your proposed place of business is utilizing an existing building, will it constitute a change of  
 NO      use from the type of business previously there?  
If yes, please contact the Engineering Dept.      **Engineering Department Approval** \_\_\_\_\_  
at (912)764-0655.

YES      Will there be electrical, plumbing, or heating/air work performed prior to opening your business?  
 NO      If yes, please contact the City Building Official      **Building Official Approval** \_\_\_\_\_  
at (912)764-0655.

YES      Will construction valued at more than \$1,000.00 be performed prior to opening your business?  
 NO      If yes, please contact the Engineering Dept.      **Engineering Department Approval** \_\_\_\_\_  
at (912)764-0655.

YES      Does the building meet handicap accessibility?  
 NO      If no or unsure, please contact the Building Official      **Building Official Approval** \_\_\_\_\_  
 UNSURE      at (912)764-0655.

Even if all questions are checked "NO" the Fire Official must perform an inspection of your building and any code violations found must be corrected. Please call (912) 764-3473 to schedule the fire inspection. If any code violations are found, they must be corrected and re-inspected prior to the issuance of the Occupation Tax Certificate.

Each person who is licensed by the examining boards of the Secretary of State's office must provide evidence of proper and current state licensure before a City of Statesboro Occupation Tax Certificate will be issued. Please submit this information with your application and fee payment.

Certain occupations and practitioners have the option of paying \$400.00 per practitioner in lieu of reporting number of employees. If you are eligible for this option and choose to do so, please complete option A below. All other businesses should complete option B below.

Option A: Administrative Fee - \$35.00 (New Applications Only) \$ \_\_\_\_\_  
 Professional Flat Fee Option - number of professionals \_\_\_\_\_ x \$400 = \$ \_\_\_\_\_  
 Total Due to City \$ \_\_\_\_\_

Full time equivalent employees are determined by adding the total number of hours worked by all employees per week and dividing by 40. Salaried employees, employees with overtime, and owners should be counted as 40 hours per week. New businesses should estimate the number of full time equivalent employees based upon their projection and business experience. The estimate cannot be less than the number of full time equivalent employees which the business has at the time it opens.

Option B: Administrative Fee - \$35.00 (New Applications Only) \$ 35.00  
 Number of full time equivalent employees: \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_  
 Flat Fee - All Applications - new and renewals. \$ 85.00  
 Total Due to City \$ \_\_\_\_\_

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**CERTIFICATION:**

I, \_\_\_\_\_ BEING THE \_\_\_\_\_  
 NAME TITLE

OF THE BUSINESS FIRM HEREIN NAMED, ATTEST THAT THE NUMBER OF EMPLOYEES REPORTED ABOVE IS THE NUMBER OF EMPLOYEES REPORTED FOR THE THIRD QUARTER OF THE CALENDAR YEAR ON THE GEORGIA DEPARTMENT OF LABOR TAX AND WAGE REPORT AND I DECLARE THAT THE ABOVE INFORMATION CONTAINED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
 SIGNATURE WITNESS

\*\*\*\*\*

**FOR OFFICE USE ONLY:** Property Zoned Approved Denied (Reason Attached)

Community Development \_\_\_\_\_

Fire Department \_\_\_\_\_

Police Department \_\_\_\_\_

Engineering Department \_\_\_\_\_





# STATESBORO POLICE DEPARTMENT

25 West Grady Street | Statesboro, Georgia 30458  
Phone: (912)764-9911 | Fax: (912)489-5050



J.R. HOLLOWAY  
Police Commander

WENDELL TURNER  
Public Safety Director

Dear Business Owner:

Please take a moment to complete the following information regarding your new business. This information will be forwarded to the Statesboro Police Department in maintaining a database for current information on businesses in case of emergency after hours contact. If any of the information should change, we would appreciate notification at the following address and telephone number. Again, thank you for your time and patience in completing this form. If you have any questions or concerns, please feel free to contact:

**Statesboro Police Department**  
25 West Grady Street  
Statesboro, GA 30458  
(912) 764-9911

**Business Name:** \_\_\_\_\_

**Street Number:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Reference Person:** \_\_\_\_\_

**Dispatch Alert:** Please note any private security information regarding your business/(such as vicious dog at gate, alarm company, etc...).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:** Please list three emergency contacts.

Name                                      Telephone Numbers                                      Cell Phone Numbers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information:** Such as hours of operation, also please list any information that you feel would assist us in serving you and your business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Received:** \_\_\_\_\_

**AFFIDAVIT VERIFYING STATUS FOR CITY OF STATESBORO  
PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, from the City of Statesboro, 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.
  
- 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: \_\_\_\_\_ Drivers License \_\_\_\_\_.

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 Statesboro, Georgia.

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

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

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

FILING REQUIREMENTS	<input type="checkbox"/> Applicant fee \$35.00 (Make check Payable to the City of Statesboro.) <input type="checkbox"/> Application <b>must</b> be signed by the applicant. <input type="checkbox"/> Applicant <b>must</b> schedule the inspections prior to opening the business
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Please contact Teresa Skinner at (912) 764-5468 if you have any questions regarding this application.

City of Statesboro  
Tax Office  
50 E. Main St., 1st Floor  
P. O. Box 348  
Statesboro, GA 30459-0348  
Telephone (912) 764-5468  
Fax (912) 764-4691

\_\_\_\_\_  
Received by:

\_\_\_\_\_  
Date: