

Atkinson County Occupational Tax Application
86 S. Main Street
Pearson, Georgia 31642
(912) 422-3391

Date: _____

Business Information:

Name of the Business: _____

Contact Number: _____

Email Address: _____

Physical Location of Business:

Mailing Address of Business (If Different):

Street: _____

Street: _____

City: _____ Zip: _____

City: _____ Zip: _____

Social Security No/Federal Tax ID (If using SSN, only last 4 digits are needed): _____

NAICS #: _____

Select One: New Business Existing Business

Home Based Occupation: Yes No

(*10 or more employees requires E-Verify Number): _____

Owner Information:

Name: _____

Contact Number: _____

Email Address: _____

Driver's License Number: _____

I, _____, do hereby certify that the facts stated by me in the above and foregoing answers to questions are true, and no false or fraudulent statement is made herein.

(Signature)

(Date)

AFFIDAVIT VERIFYING STATUS FOR ATKINSON CO. OCCUPATIONAL
TAX APPLICATION

By executing this affidavit under oath, as an applicant for an Atkinson County, Georgia Business Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for an Atkinson County (Check one) () Business Tax Certificate, () Alcohol License for

(Print name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

_____ I am a United States citizen

_____ I am a legal permanent resident 18 years or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration Act 18 years of age or older and lawfully present in the United States.*

_____ Alien Registration number for non-citizens

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

In making the above representation under oath, I understand that any person who knowingly and willingly 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.

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE ____ DAY OF _____, 20__

Notary Public

Printed Name of the Applicant

My Commission Expires: ____ / ____ / ____

Signature of Applicant

Date

Seal:

Title *Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.

Private Employer E-Verify Affidavit

** THIS FORM IS REQUIRED BY STATE LAW **

By executing this affidavit under oath, as an applicant 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, from Atkinson County, the undersigned applicant representing the private employer known as _____ [printed name of private employer – individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:

The individual, firm, or corporation employs the following number of employees: (Select A or B)

(A) ___ 10 or fewer employees – automatically exempt from participation in E-Verify Program.

(B) ___ 11 or more employees
You must provide the following information in order to receive a 2021 occupational tax certificate.

Federal Work Authorization User Identification Number

Date of Authorization

Furthermore, I, as the applicant, affirmatively state that 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.

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 _____, 20__ in _____ (city), _____ (state).

Print Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF __ 20__.

Signature of Applicant

NOTARY PUBLIC
My Commission Expires:

Seal: