



City of Fairburn
56 Malone Street
Fairburn, GA 30213
770-964-2244 (phone)
770-969-3484 (fax)

OCCUPATIONAL TAX RETURN APPLICATION

If you are a Non-Profit Organization, please provide a copy of your 501(c)3 - Exempt Organization IRS Form.

Business Name: _____

Business Location: _____

Mailing Address: _____

Business Phone: _____ Business Fax: _____

Website Address: _____ Email Address: _____

Owner's Name: _____

Owner's SS# or FEIN#: _____

State of Georgia sales tax ID#: _____

Federal work authorization user ID# (E-VERIFY): _____

Owner's Home Address: _____

Owner's Home Phone #: _____ Owner E-mail: _____

Will the manager be the primary contact person for this company? _____ If yes, please provide emergency contact information: (someone who can gain access to the business after normal business hours in case of fire, burglar alarm, or other emergency).

Manager Name: _____

Address: _____

Home and/or cell Phone #: _____ E-mail: _____

Date business activity initiated or proposed in the City of Fairburn: _____

Product Type (if applicable): _____ Number of Employees: _____

Prior Use of Building/Property (if known): _____

(If this business is a new use for this location, site plan review & approval may be required)

Will any construction or renovations be required? Yes No

Provide a detailed explanation of business activity to be conducted at this location:

Will this company have sales people soliciting in Fairburn? _____

Estimated Gross Receipts for the current tax year: \$ _____

Is this Business a Home Occupation? _____ If yes, please complete the Home Occupation application.

Signature

Date

Print Name

Business Title

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: _____

**City of Fairburn
Affidavit Verifying Status**

By executing this affidavit under oath, as an applicant for a City of Fairburn, Georgia 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, I am stating the following with respect to my application for a City of Fairburn, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for:

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

1) ___ I am a United States citizen.

OR

2) ___ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

* Alien Registration Number for non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS ___ DAY OF _____, 20___.

Notary Public

My Commission Expires: _____

*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 below:
