



City of Fairburn

CONTRACTORS Application  
Occupational Tax Certificate

**Business Information**

License #: \_\_\_\_\_

Name of Business: \_\_\_\_\_ d/b/a (if applicable): \_\_\_\_\_

Job Site Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax ID Number (EIN): \_\_\_\_\_ State Tax ID Number: \_\_\_\_\_

No. of Employees on Job Site: \_\_\_\_\_ Type of Business: \_\_\_\_\_

State License Number: \_\_\_\_\_

**Owner Information**

Name of Business Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Information Required**

Copy of State License (O.C.G.A. 36-60-6a)

Save Affidavit

Copy of Secure and Verifiable Photo Identification

E-Verify Affidavit (or Driver's License)

Payment made to "City of Fairburn"

**Certification**

I hereby certify that I have provided complete and accurate information. I acknowledge that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and / or zoning enforcement action under the City of Fairburn Zoning Ordinance. Furthermore, I acknowledge that I have read and understand the rules and regulations for the operation of my business in the City of Fairburn and will comply with the provisions as set forth in the Code of Ordinances of the City of Fairburn.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business Title

Subscribed and Sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

Stamp/Seal

**The regulatory fee schedule for persons in such occupations and professions is as follows:**

<input type="checkbox"/> Adult Entertainment	\$500.00	<input type="checkbox"/> Handwriting analysts	\$50.00
<input type="checkbox"/> Amusement Park	\$250.00	<input type="checkbox"/> Health clubs, gyms, and spas	\$50.00
<input type="checkbox"/> Arcade	\$50.00	<input type="checkbox"/> Hotels and Motels	\$100.00
<input type="checkbox"/> Auto and motorcycle racing	\$50.00	<input type="checkbox"/> Hypnotists	\$50.00
<input type="checkbox"/> Billiard parlors/poolrooms	\$50.00	<input type="checkbox"/> Junk dealers/Junk yards	\$100.00
<input type="checkbox"/> Boxing and wrestling promoters	\$100.00	<input type="checkbox"/> Landfills	\$100.00
<input type="checkbox"/> Bingo games	\$50.00	<input type="checkbox"/> Locksmiths	\$50.00
<input type="checkbox"/> Building/construction contractors, subcontractors, workers	\$50.00	<input type="checkbox"/> Massage Therapy Establishments/massage parlors	\$100.00
<input type="checkbox"/> Burglar and Fire Alarm Installers	\$50.00	<input type="checkbox"/> Modeling agencies	\$50.00
<input type="checkbox"/> Businesses which provide appearance bonds	\$50.00	<input type="checkbox"/> One day auction	\$100.00
<input type="checkbox"/> Carnivals	\$250.00	<input type="checkbox"/> Parking lots (fee based public lots)	\$50.00
<input type="checkbox"/> Dealers in precious metals	\$50.00	<input type="checkbox"/> Pawnbrokers	\$50.00
<input type="checkbox"/> Escort services	\$100.00	<input type="checkbox"/> Personal care homes	\$200.00
<input type="checkbox"/> Family day care homes (residential)	\$100.00	<input type="checkbox"/> Scrap metal processors	\$100.00
<input type="checkbox"/> Flea Markets ~ per vendor per three-day event	\$50.00	<input type="checkbox"/> Shooting galleries and firearm ranges	\$50.00
<input type="checkbox"/> Firearms dealers	\$250.00	<input type="checkbox"/> Tattoo artists	\$50.00
<input type="checkbox"/> Food service establishments	\$50.00	<input type="checkbox"/> Taxicab and limousine operators	\$50.00
<input type="checkbox"/> Fortunetellers	\$50.00	<input type="checkbox"/> Tow trucks and wreckers	\$50.00
<input type="checkbox"/> Gaming hall or emporium	\$100.00	<input type="checkbox"/> None of the following regulatory business types are associated with my business.	
<input type="checkbox"/> Garbage collectors	\$50.00		

**The above fee will be assessed to your invoice every filing year, unless otherwise stated in the contractors application.**



**City of Fairburn**  
 56 Malone Street, Fairburn, GA 30213  
 Office: 770-964-2244 Fax: 770-969-3474  
[www.fairburn.com](http://www.fairburn.com)

**Affidavit Verifying Status for City Public Benefit Application**

By executing this affidavit under oath, as an applicant for a City of Fairburn, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. § 50-36-1; I am stating the following with respect to my application for a City of Fairburn Occupational Tax Certificate, or other public benefits on behalf of

NAME OF BUSINESS: \_\_\_\_\_

I, *(print name)* \_\_\_\_\_ do hereby certify that:

\_\_\_\_\_ I am a United States Citizen  
*(Initial here)*

**OR**

\_\_\_\_\_ I am a legal permanent resident of 18 years of age or older or I am an otherwise qualified  
*(Initial here)* alien or non-illegal immigrant, under the Federal Immigration and Nationality Act, of 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.

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

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

Alien Registration Number for Non US Citizens: \_\_\_\_\_

Subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public

(Notary Seal)

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 above. Qualified aliens that do not have an alien registration number may supply another identifying number herein \_\_\_\_\_



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**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) **OCCUPATIONAL TAX CERTIFICATE OR ALCOHOL LICENSE** (CIRCLE ONE) as referenced on O.C.G.A. § 36-60-6(d) , from **THE CITY OF FAIRBURN**, the undersigned applicant representing the private employer known as:

\_\_\_\_\_ [Print name of business] verifies one of the following with respect to my application for the above mentioned document:

**Choose one and print initial:**

[a] \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed more than ten (10) employees.

[b] \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed less than ten (10) employees

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 make 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 statue. Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 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

Stamp/Seal

My Commission Expires: \_\_\_\_\_