

### **OCCUPATION TAX REGISTRATION**

Oak Park City Clerk's Office 3857 Harrington Street Oak Park, GA 30436 912-578-4115

| OFFICE USE ONLY RE | ev. 2/14 |
|--------------------|----------|
| CERTIFICATE#       |          |
| ISSUED:            |          |
| ·                  |          |

| PLEASE COMPLETE ALL LINES.   |                         |                  |                        |                    |
|--|-------------------------|------------------|------------------------|--------------------|
| NEW REN  | NEWAL LOCATIO           | ON CHANGE        | NEW OWNER _            |                    |
| Name of Business:  |                         |                  |                        |                    |
| Business location  |                         |                  |                        |                    |
| Mailing Address:   |                         |                  |                        |                    |
| Email:   |                         |                  |                        |                    |
| Business Owner:  |                         |                  |                        |                    |
| Type of Business:  | Sole Proprietor         | Partnershi       | p                      | Corporation or LLC |
| Corporation Name:  |                         |                  |                        |                    |
| Corporate or Home (  | Office Address:         |                  |                        |                    |
|  |                         |                  |                        |                    |
| Business Phone:  |                         | Corp.<br>Phone:  |                        | Home Phone:        |
| business i none.   |                         | i iioiie         |                        | Home I home.       |
| Business Federal Ta  | ax ID:                  |                  | _ <i>OR</i> Social Sec | curity No          |
| If your business is required by law to have a Georgia Sales Tax Number enter ID #  |                         |                  |                        |                    |
| Georgia Dept of Rev  | renue -Savannah phone n | umber: 912-356-2 | 2140 or www.dor.       | ga.gov             |
| This information will be submitted to the Georgia Department of Revenue. Failure or refusal to provide the States Sales Tax ID # shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.In accordance with O.C.G.A. 48-2-15 and 48-7-60, all taxpayer information provided on this form shall be confidential and privileged. In compliance with O.C.G.A. 48-1-2 AND 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia. Any questions or comments regarding the collection of sales tax should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE Atlanta, GA 30345 |                         |                  |                        |                    |
| Dominant Type of Bu  | usiness:                |                  |                        |                    |
| Other Types of Busin   | ness:                   |                  |                        |                    |
| If a State Board Certification License Is Required Attach a Current Copy. Exp. Date:   |                         |                  |                        |                    |
| OCCUPATION TAX L   | LICENSE FEE:            | \$50             |                        |                    |
| Make cashier's checks payable to City of Oak Park<br>We also accept money orders and cash (in person only)   |                         |                  |                        |                    |
| In accordance with the City of Oak Park Occupation Tax Ordinance, I, the undersigned, certify that I am the person duly authorized by the herein named to file this application, including the required schedules, statements and copies and that the same is true, correct, and complete. NEW BUSINESS: YOU ARE NOT ALLOWED TO OPERATE THIS BUSINESS UNTIL YOU RECEIVE THE OCCUPATION TAX CERTIFICATE. THE  |                         |                  |                        |                    |

CERTIFICATE ISSUED WILL EXPIRE DECEMBER 31st. RENEWALS ARE DUE JANUARY 1st AND WILL BE DELINQUENT ON APRIL 1st AND

**APPLICANT'S PRINTED NAME & SIGNATURE:** 

PENALTIES WILL APPLY AND MAY BE SUBJECT TO A CITATION AND/OR FINE.

| DATE |
|------|
|------|

# CITY OF OAK PARK OCCUPATION TAX REGISTRATION APPROVAL

Please complete the top portion of this form and return to the Oak Park City Clerk's office.

| BUSINESS NAME:  |              |                   |                    |   |
|---|--------------|-------------------|--------------------|---|
| COMPLETE DESCRIPTION OF BUSINESS - LIST ALL TYPES OF BUSINESS YOU WILL DO |              |                   |                    |   |
|   |              |                   |                    |   |
| IS THIS RETAIL?   | WHOLESA      | LE?               | SERVICE?           | _ |
| WHAT WILL BE STORED?  |              |                   |                    |   |
| WHERE WILL ABOVE ITEMS BE S   | STORED?      |                   |                    |   |
| PROPERTY OWNER'S NAME   |              |                   |                    |   |
|   |              |                   |                    |   |
| BELOW TO BE   | COMPLETED BY | THE CITY OF OAK P | ARK CLERK'S OFFICE |   |
| ZONING CLASSIFICATION:  |              |                   |                    |   |
| APPLICABLE REGULATIONS:   |              |                   |                    |   |
| COMMENTS:   |              |                   |                    |   |
|   |              |                   |                    |   |
| OAK PARK CITY COUNCIL   | APPROVED     | or DENIED         | (Initial one)      |   |
| DATE  | OAK          | PARK C            | CLERK              |   |

### S.A.V.E Affidavit Verifying Status O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a City of Oak Park

[Check applicable box below] ☐ Business Occupation Tax Certificate (Business License), ☐ Alcoholic Beverage License/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 to The City of Oak Park for the license, permit, or other public benefit as indicated above. \_\_\_\_\_\_[Printed name of private employer] \_\_\_\_\_\_[Name of business] I hereby swear and affirm that (check one): 1) \_\_\_\_\_ I am a United States citizen. 2) \_\_\_\_\_ I am a legal permanent resident of the United States. 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 statement 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. Section 16-10-20, and face criminal penalties as allowed by such criminal statute. Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state). Signature of Applicant Printed Name of Applicant Subscribed and sworn before me, this \_\_\_\_\_\_, 20\_\_\_\_. Notary Public My commission expires: \_\_\_\_\_ (SEAL)

Secure and Verifiable Documents under O.C.G.A. § 50-36-2 Issued August 1, 2011 by the Office of the Attorney General, Georgia

The following list of secure and verifiable documents, published under the authority of O.C.G.A.§ 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

| □ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]   |
|--|
| □ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]  |
| □ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]     |
| □ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2] |
| □ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:   |
| http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]  |
| □ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A.§ 50-36-2(b)(3); 8 CFR § 274a.2]   |
| □ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]   |
| □ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]   |
| □ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]  |
| □ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]  |
| □ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]   |
| □ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A.§ 50-36-2(b)(3); 22 CFR § 41.2]  |
| □ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]  |
| □ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]   |
| □ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]  |
| □ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]   |

## Private Employer E-Verify Affidavit O.C.G.A. § 36-60-6(d)

|    | [business license, occupational tax certificate, alcohol license   |  |  |  |  |  |
|----|--|--|--|--|--|--|
|    | referenced in O.C.G.A. § 36-60-6(d), from The City of Oak I  | ark, the undersigned applicant representing the private                                      |  |  |  |  |
|    | employer known as verifies one of the following with respect to my application for   | or the above mentioned document:   |  |  |  |  |
| 1. |  | Fill out this section if the current date is on or before June 30, 2014.                     |  |  |  |  |
|    | (a) On January 1 <sup>st</sup> of the below signed year the incommore employees. <i>If the employer selected 1(</i>  | lividual, firm, or corporation employed one hundred (100 a) please fill out Section 3 below. |  |  |  |  |
|    | (b) On January 1 <sup>st</sup> of the below signed year the hundred (100) employees.   | individual, firm, or corporation employed less than one                                      |  |  |  |  |
| 2. | 2. Fill out this section if the current date is after July 1, 2014.  | Fill out this section if the current date is after July 1, 2014.                             |  |  |  |  |
|    | (a) On January 1 <sup>st</sup> of the below signed year the inc<br>employees. If the employer selected 2(a) please   | lividual, firm, or corporation employed more than ten (10 e fill out Section 3 below.        |  |  |  |  |
|    | (b) On January 1 <sup>st</sup> of the below signed year the in employees.  | dividual, firm, or corporation employed less than ten (10                                    |  |  |  |  |
| 3. | 3. The employer has registered with and utilizes the federal applicable provisions and deadlines established in O.C.G.A attests that its federal work authorization user identification                                    | . § 36-60-6(a). The undersigned private employer also  |  |  |  |  |
|    | Federal Work Authorization User Identification   | n Number   |  |  |  |  |
|    | Date of Authorization  |  |  |  |  |  |
|    | In making the above representation under oath, I understand false, fictitious, or fraudulent statement or representation in a 16-10-20, and face criminal penalties allowed by such statute Executed on the date of, 20 in | an affidavit shall be guilty of a violation of O.C.G.A. §                                    |  |  |  |  |
|    | 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, 20  |  |  |  |  |  |
|    | NOTARY PUBLIC  |  |  |  |  |  |
|    | My Commission Expires:   |  |  |  |  |  |