



CITY OF KINGSLAND, GEORGIA
APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

SECTION I (TO BE COMPLETED BY THE APPLICANT)

Date of Application: _____ New Application Renewal

NAME OF BUSINESS: _____

Owner/Representative: _____
Last First M.I.

Phone Number: (____) _____ E-mail: _____

Fax Number: (____) _____ Other Partners: _____

Occupational Title: _____

Business Location Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Number of Employees (including owner) Full Time: _____ Part Time: _____

SSN# _____ DATE OF BIRTH: _____ Federal ID# _____

State ID# _____ Health Dept # _____

Sales Tax # _____ Date Business Opened: _____

WILL THIS BUSINESS SELL BEER, WINE, AND/OR ALCHOHOL? YES _____ NO _____

If YES, you must also apply for the appropriate alcohol license.

CERTIFICATION

I, _____, certify the above information to be true and accurate. I understand that the certification issued is for only the business and activities stated above and that all requirements of the State of Georgia and/or Federal agencies are met.

If this application is for a proposed business, the location of same will be in an area zoned for such business. If a suitable location is not found in a properly zoned area, the application shall become void unless the location is rezoned in accordance with the provisions of the Kingsland Land Development Ordinance.

I also understand that the certificate must be displayed in the place of business and that renewal must be paid prior to December 31 of each year.

I have read and understand the terms of this application.

Date: _____ Signature: _____

SECTION II. (ZONING /PERMITS

Current Zoning District: _____

Appropriate Zoning District: _____

Approval By: _____ **Date:** _____

Health Department Permit (if Applicable): _____

Home Occupation Permit: _____

Approval By: _____ **Date:** _____

SECTION III. TO BE COMPLETED BY THE BUILDING & FIRE INSPECTORS

Certificate of Occupancy: _____

Building Requirements Met: _____ **Date:** _____

Fire Department Approval: _____ **Date:** _____

Sign Permits: _____ **Grease Trap:** _____ **Backflow:** _____ **Date:** _____

SECTION IV. CERTIFICATE INFORMATION

Certificate Issued: _____ **ADMINISTRATIVE FEE: \$** _____

Number of Employees: _____ **Per Employee Charge:**..... _____

Regulatory Fee:..... _____

Total Charge for Certificate:..... _____

Business Type Code: _____ **SIC Code:** _____

Approved by: _____ **Date:** _____

Certificate Denied by: _____ **Date:** _____

Reason for Denial: _____ **Date:** _____

CITY OF KINGSLAND, GEORGIA
SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) FORM
O.C.G.A. § 50-36-1(E)(2) AFFIDAVIT VERIFYING STATUS FOR PUBLIC BENEFIT

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Kingsland, 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.

Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

2) ___ I am a legal permanent resident of the United States. **

Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

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.**

Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

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:

_____ (please attach copy of document)

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 _____ (City), _____ (State).

Signature of Applicant

Date

Printed Name of Applicant

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

Business License Acct. No.

Sales Tax ID No.
(If Applicable)

NOTARY PUBLIC/SEAL

My Commission Expires: _____

E-VERIFY FORM
CITY OF KINGSLAND AFFIDAVIT
O.C.G.A. § 36-60-6(d) E-VERIFY PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE

By executing this affidavit under oath, as an applicant for a(n) _____
[Occupational Tax Certificate, Alcohol License or other document required to operate a business] as referenced in
O.C.G.A. § 36-60-6(d), from the City of Kingsland, Georgia, 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)
- a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten
(10) employees.
 - b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten
(10) employees. (**Exempt from E-Verify Program**)

If the employer selected 1(a) please fill out Section 2 below.

2) _____ 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. § 13-10-90. 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

BUSINESS ACCOUNT NO.

Date of Authorization

SALES TAX ID NO. (Only if Applicable)

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 in _____ (City), _____ (State).

Signature of Applicant

Date

Printed Name of Applicant

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

NOTARY PUBLIC/SEAL

My Commission Expires: _____