



**CITY OF KINGSLAND, GEORGIA
APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE**

SECTION I (TO BE COMPLETED BY THE APPLICANT)

Date of Application: _____ New Application Renewal Relocation

NAME OF BUSINESS: _____

Owner/Representative: _____
Last First M.I.

SSN# _____ DATE OF BIRTH: _____ Phone: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fax: (____) _____ E-mail: _____

Other Partners: _____ Type of Business: _____

Occupational Title: _____ Date Business Opened: _____

Business Location Address: _____

Number of Employees (including owner) Full Time: _____ Part Time: _____
(employees are only those employees located in the City of Kingsland. If necessary, estimate the total number of employees and update as needed.)

Federal ID# _____ State License ID# _____

Health Dept # _____ Sales Tax # _____

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 only for the business and activities stated above and that all requirements of the State of Georgia and/or Federal agencies are met. I agree to abide by all building codes, including but not limited to Americans with Disabilities Act. I agree to secure any and all applicable required permits.

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 hereby agree and consent, pursuant to public law 93-579 of the Privacy Act of 1974 that the disclosure of information obtained in this application may be submitted to any agency of the City, County, State and Federal governments for the purposes of obtaining the necessary information to process this application.

I have read and understand the terms of this application.

Date: _____ Signature: _____

SECTION II. (TO BE COMPLETED BY THE BUILDING INSPECTOR)

Certificate of Occupancy: _____

Building Requirements Met: _____

Sign Permits: _____

Approval By: _____ Date: _____

Variances (if applicable): _____

Approved by: _____ Date: _____

SECTION III. ZONING/PERMITS

Current Zoning District: _____

Appropriate Zoning District: _____

Health Department Permit (if applicable): _____

Approved by: _____ Date: _____

SECTION IV. CERTIFICATE INFORMATION

Certificate Issued: _____ Administrative Fee:.....\$ _____

Number of Employees: _____ Per Employee Charge:.....\$ _____

Business Type Code: _____ Regulatory Fee:.....\$ _____

SIC Code: _____ Total Charge
for Certificate.....\$ _____

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: _____