

City of Avondale Estates

Business Occupational Tax Return (Business License Application)

<input type="checkbox"/> Renewal	<input type="checkbox"/> New			
Year Opened in Avondale:	Business Name:	Business Location in City - Street Address		
Mailing Address - Street Address		City, State, Zip		
Other Trade Name of Business (attach list if necessary)		Other locations of business (attach list if necessary)		
Previous Business Name		Previous Address		
Business Activity	Type (check one) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Phone:	Tax ID:	Total Gross Receipts for Preceding Year
Officer, Agent or Attorney for the Service of Business Affairs in the City (name, address)		How do you determine the amount of gross revenue ? <input type="checkbox"/> Examination of all years invoices <input type="checkbox"/> General estimate based on experience <input type="checkbox"/> Other (attach explanation) <input type="checkbox"/> Formula or percentage based on sample [Payments to a subcontractor or independent agent subtracted from gross should be listed on a separate sheet (name,address,phone)]		
Owner		Title		Home Phone
Number of full time employees working 35 hours or more		Home Address		
Co-Owner		Title		Home Phone
Social Security Number		Home Address		
<p>CERTIFICATION: The information herein is required by the Code of Ordinances of the City of Avondale Estates. I _____, being the (Title) _____ of the business firm named, do hereby register to operate said business. In accordance with Occupational Tax Ordinance, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return including the accompanying schedules and statements and that the same are true, correct, and complete.</p> <p>APPLICANT SIGNATURE _____ this _____ day of _____, 20__.</p>				

Business E-mail Address:	Business Website:
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For Office Use Only	A \$60 ADMINISTRATIVE FEE MUST BE RETURNED WITH THIS FORM AND SENT TO The City of Avondale Estates 21 North Avondale Plaza Avondale Estates, Ga. 30002	
SIC Code		Method / Date
NAICS		Occ Tax Due:
Class		Date Paid:
Percent		License Number:
Description:		

*Affidavit Verifying Status
For City Public Benefit Application*

By executing this affidavit under oath, as an applicant for a City of Avondale Estates, Georgia Business License or Occupational 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 Avondale 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 6-10-20 of the Official Code of Georgia.

Date: _____

Signature of Applicant: _____

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 alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 201__ in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ in _____(city), _____(state)

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 _____, 201__.

NOTARY PUBLIC

My Commission Expires:
