



85 South Main Street  
Cleveland, GA 30528  
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Telephone 706.865.2017  
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License # \_\_\_\_\_  
Submitted On: \_\_\_\_\_  
Opening Date: \_\_\_\_\_

## OCCUPATION TAX LICENSE APPLICATION

### General Business Information

Business Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

Business Mailing Address (if different from above) \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_

Business E-Mail Address \_\_\_\_\_ Type of Business \_\_\_\_\_

### Owner Information

Type of Ownership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC

1. Owner Name \_\_\_\_\_  
Owner Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Owner Name \_\_\_\_\_  
Owner Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

### BUSINESS TAX INFORMATION

Total Number of Employees \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_  
Include Owner(s)

SIC (Standard Industry Code) \_\_\_\_\_ E-Verify Number \_\_\_\_\_

Federal EIN # \_\_\_\_\_

You Can Apply for your Federal Employer Identification Number  
By visiting the Internal Revenue Service Website  
[www.irs.gov](http://www.irs.gov) Contact Number 1.800.829.4933

State STN/TIN # \_\_\_\_\_

You can apply for your  
**State Sales Tax** Number and your  
**State Tax Identification Number** by visiting The Georgia  
Department of Revenue Website [www.dor.georgia.gov](http://www.dor.georgia.gov)  
Contact Number 1.877.423.6711

Food Service Establishments must submit a copy of White County Health Department Food Service Permit 706.348.7698. Food Sales or Live Plants Establishments must submit a copy of Georgia Department of Agriculture Inspection 800.473.0119.

In case of an emergency, after hours, please list at least contact with telephone numbers:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**IMPORTANT**

Along with this application, please bring Government issued photo id for all owners/president of the corporation. As well as Secretary of State issued license. **ALL REQUIRED DOCUMENTATION, MUST BE SUBMITTED BEFORE ANY BUSINESS LICENSE CAN BE ISSUED.**

This application must be executed under oath. I, \_\_\_\_\_, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued because of this application. I understand that I must comply with all City of Cleveland Occupational Tax Ordinance and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31st and must renewed annually.

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

Signature \_\_\_\_\_

Witness Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Affidavit Verifying Status for City Public Benefit Application Cleveland, Georgia**

By executing this affidavit under oath, as an applicant for a City of Cleveland, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract, or other public benefit as referenced in 8 U.S.C. Section 1621 and O.C.G.A. Section 50-36-2, I am aware that the City of Albany and Dougherty County will rely on the statements contained herein. With respect to my application for a City of Cleveland, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit for, I swear or affirm \_\_\_\_\_

*{Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.}*

**Check one of the following two options.**

A) \_\_\_\_\_ I am a United States citizen.

B) \_\_\_\_\_ I am a legal permanent resident, eighteen (18) years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act eighteen (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 of the Official Code of Georgia. I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Print Name of Authorized Officer or Agent

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 definitions of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number

**BOTH SIDES HAVE TO BE NOTARIZED**

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section I. Select only one:**

(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 fewer than ten (10) employees.

**Section II.**

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. The undersigned private employer also attests that its federal work authorization user identification number.

\_\_\_\_\_  
[E-Verify Number]

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

Executed on \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

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

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

**OFFICE USE ONLY:**

Type of Secure & Verifiable Document: \_\_\_\_\_

**BOTH SIDES HAVE TO BE NOTARIZED**

~ FOR CITY USED ONLY ~

New, change of use or renovated location/ is this property/address properly zoned for proposed business, including approved variances or conditional use?

- Has final inspection been completed and certificate of occupancy issued?
- Have all water/sewer fees been paid?
- If business is a restaurant, has "grease trap" been approved?
- Have the sign regulations and required permits been met?
- Does the business have a State Health Department permit, where required?

✓ Is this a home based business?

✓ Will you have a Sign for business?

**Required documents:**

1. Affidavit Verify Status - Verification Form Signed **\*\*This form has to be Notarized\*\***
2. Private Employer Affidavit – E-Verify **\*\* This form has to be Notarized\*\***
3. Copy of Photo ID
4. Copy of State License if applicable

Taxpayer's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

All property taxes on the above map and parcel were paid on \_\_\_\_\_

Tax Clerk's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURES**

Applicants Print Name	Signature	Date
_____	_____	_____

Witness Print Name	Signature	Date
_____	_____	_____

*Neither the approval of a business license under the provision of this ordinance, nor the compliance with the provisions of this ordinance shall relieve any person from the responsibility for damage to any person or property otherwise imposed by law nor impose any liability upon the City of Cleveland for damage to my person or property.*