



# CITY OF RINCON

302 Columbia Ave • P.O. Box 232 • Rincon, GA 31326

Telephone: (912) 826-5996 • Fax: (912) 826-2083

[dking@cityofrincon.com](mailto:dking@cityofrincon.com)

## Occupational Tax Certificate Checklist

	Occupational Tax Certificate Application
	SAVE Affidavit
	Verifiable document +
	Private employer affidavit
	Copy of lease (First page and signature page)
	Copy of LLC certificate (if applicable)
	Copy of GA Secretary of State professional license (if applicable)

+Examples of verifiable documents: US Passport, Military ID, Driver's license, Tribal ID card or US permanent resident card

For Restaurants (along with the above documentation you will also need):

	Health Department certificate
	Grease trap certification

For Taxi Drivers (along with the above documentation you will also need):

	Copy of insurance
	Taxi Driver Permit

For Daycare (along with the above documentation you will also need):

	Bright From the Start documentation
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### What is SAVE?

Anyone seeking public benefits from the City must complete a SAVE affidavit. This is required by law, as defined in O.C.G.A. § 50-36-1. The affidavit is to verify lawful presence in the United States of anyone applying for a public benefit and that they are entitled to receive the benefit in which they applied. The person who signs the occupational tax application HAS TO BE the person that signs the SAVE affidavit.

### What is E-Verify?

E-verify is a federal web-based system that electronically verifies the employment of newly hired employees. Georgia law, O.C.G.A. § 36-60-6 requires *all* businesses with more than 10 employees that are seeking an occupation tax certificate to sign the private employer affidavit attesting that they are registered for and use E-verify. Businesses with 10 or fewer are required to sign the private employer affidavit attesting that they are exempt from this requirement. The person who signs the occupational tax application HAS TO BE the person that signs the Private Employer affidavit.

**\*A sign permit is required before putting up a sign**



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## OCCUPATIONAL TAX CERTIFICATE APPLICATION

**\*Please print or type and fill out entire application\***

Legal Business Name: \_\_\_\_\_

Business Name – DBA: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

GA State Professional License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Federal Work Authorization User ID Number (E-Verify): \_\_\_\_\_

Describe Business Activities: \_\_\_\_\_

Will any commercial vehicles be used for this business? \_\_\_\_\_

If yes, please describe (size, type, location of storage): \_\_\_\_\_

Please attach a list of the quantities, types and storage location of any chemicals or hazardous materials that will be used for this business.

For Office Use ONLY	
License Fee Amt.	\$ _____
Admin. Fee	\$ _____
Total Fee Paid	\$ _____
Application Type	
<input type="checkbox"/>	New Application
<input type="checkbox"/>	Change of Information
License Type	
<input type="checkbox"/>	Home Occupation
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Non-profit
Received	_____
Check #	_____
Credit Card	_____
Cash	_____
Approved:	_____

OTHER INFORMATION	
Square Footage of Building	_____
Number of Employees	_____
Number of Coin Operated Machines	_____
Number of Rental Units (apt., storage, etc.)	_____
RESTRICTIONS	

The undersigned hereby certifies or declares under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct. All information given is subject to verification with the City of Rincon.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_



# City of Rincon

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## Business Zoning Approval Form

Primary Use

Secondary Use

Conditional Use

Intended property use: \_\_\_\_\_

Property address: \_\_\_\_\_

Zoning: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

*To be completed by the applicant*

*To be completed by owner of property*

Applicants Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Applicants address: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
City Planner



**CITY OF RINCON, GEORGIA**  
**Building and Zoning Department**  
**(912) 826-5996 P / (912) 826-2083 F**  
**www.cityofrincon.com**

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

By executing this affidavit under oath, as an applicant for a(n) business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Rincon, 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:

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

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

**The employer has registered with and utilizes the federal work authorization program commonly known as E-Verify in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). 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

\_\_\_\_\_  
 Date of Authorization

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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 on the \_\_\_ date of \_\_\_\_\_, 201\_\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
 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 \_\_\_\_\_, 201\_\_\_.

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

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



**CITY OF RINCON, GEORGIA**  
**Building and Zoning Department**  
**(912) 826-5996 P / (912) 826-2083 F**  
**www.cityofrincon.com**

By executing this affidavit under oath, as an applicant for a City of Rincon, Georgia Business License or Occupation 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 Rincon, 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 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 make 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.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

\*

\_\_\_\_\_  
 Alien Registration number for non-citizens

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

\_\_\_\_\_