



CITY OF RINCON

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

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

otc@cityofrincon.com

Occupational Tax Certificate

	Occupational Tax Certificate Application
	SAVE Affidavit (A required form that must be completed)
	Verifiable document + (required even for renewals)
	Private employer affidavit (A required form that must be completed)
	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
	Fingerprint and background check (for sale of alcohol)
	State alcohol license (for sale of alcohol)

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 one person that signs the Private Employer affidavit.

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

You may view our city ordinances on our city website: www.cityofrincon.com



City Of Rincon
 Mailing Address: P.O. Box 232 – Rincon, GA 31326
 Office Location: 302 S. Columbia Ave. – Rincon, GA 31326
 Telephone: (912) 826-5996 - Fax: (912) 826-2083

APPROVED:

Application for Occupation Tax Certificate

The application must be filled out completely to obtain an Occupation Tax Certificate. Payment must be filed with the application to obtain an Occupation Tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax or fee. **You will not be billed.** Please print with ink or type. In order for the appropriate tax or fee to be determined, the application must be accompanied by all appropriate documents.

Legal Business Name: _____

Business Name-DBA: _____

Business Address: _____

Suite: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Business email: _____

Business Contact Person: _____ Phone: _____

Mailing Address: _____

Suite: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Type of Business/ Use of Property: _____

Company Type: Corporation Limited Liability Limited Partnership General Partnership
 Limited Partnership Non-Profit Professional Corporation
 Sole Proprietorship Limited Liability Company (LLC)
 Professional Limited Liability Company Limited Liability Partnership

Describe business activities: _____

Will commercial vehicles be used? _____

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)

Number of employees (full-time equivalent): _____

(Including self)

FOR SOLE PROPRIETORS OR PARTNERSHIPS

Business Owner's Name: _____ If Partnership (Partner's Name): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Number: _____ Fax Number: _____

Federal ID #/ EIN (Federal IRS Tax ID): _____

Federal Work Authorization User Id Number/E-Verify # _____

(Required if employ more than 10 full-time employees or hold a public contract)

GA State Professional License Number: _____ Expiration Date: _____

FOR CORPORATIONS, LLC, OR OTHER CORPORATE ENTITIES

Corporate Business Name: _____

Home Office Address: _____ City: _____ State: _____ Zip: _____

Home Office Main Phone Number: _____ Fax Number: _____

Federal ID #/ EIN (Federal IRS Tax ID): _____

Federal Work Authorization User Id Number/E-Verify # _____

(Required if employ more than 10 full-time employees or hold a public contract)

GA State Professional License Number: _____ Expiration Date: _____

Other Information:

Square footage of building: _____

Number of coin operated machines: _____

Number of Rental Units (apt, storage, etc.): _____

Provide a detailed list of all services offered to customers at your business. Be specific. _____

Provide a detailed list of all products to be sold from the premises. Be specific when listing these products. Failure to do so could cause your occupational tax certificate to be revoked. Attach an additional sheet if necessary:

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.

Applicant Name: _____ Date: _____

Phone #: _____

Signature: _____ Title: _____

APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT

OFFICE USE ONLY

License Fee Amount: _____ Admin. Fee: _____ Total Fee Paid: _____
Application Type
___ New Application ___ Change of Information ___ Renewal Application
License Type
___ Home Occupation ___ Commercial ___ Non-Profit
PAYMENT
RECEIVED: _____
_____ CHECK # _____ CREDIT CARD _____ CASH



CITY OF RINCON

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Business Zoning Approval Form

Primary Use

Secondary Use

Conditional Use

Intended property use: _____

Property address: _____

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: _____

Zoning: _____ Parcel Number: _____

Date received

Building Inspector

City Planner



CITY OF RINCON, GEORGIA
Building and Zoning Department
(912) 826-5996 Ph / (912) 826-2083 Fax
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:



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 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.

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

 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:
