



NEW OCCUPATIONAL TAX-EXEMPT APPLICATION

Applicants are required to receive a Business Zoning & Use Certificate from the Planning Department before submitting this application and prior to signing lease agreements or commencing any other type of business establishment activity.

Business Information:

Business/Corporate Name: _____ d/b/a (if applicable): _____

Business Address: _____ Opening date in Duluth: _____

Mailing Address (if different from Business Address): _____

Business Phone: _____ Business Email (required): _____

EIN: _____ Total # of Employees (excluding owners): _____

Type of Business: *Check One Below*

Non-profit return application, copy of IRS 501(c) Exempt Letter or IRS Form 990T

Church or school: return application, plus a list of ancillary operations if applicable

NAICS Code: _____ Description of main business activity (be as specific as possible; include secondary uses such as daycare, bookstore, café, etc.): _____

Owner Information:

Name of Business Owner: _____ U.S. Citizen: Yes No

Owner Address: _____

Cell Phone: _____ Owner Email (required): _____

Print Name **Signature** **Title (if corporation)** **Date**

For City Use

For City Use

For City Use

Received:	Zoning Review:	Copy of Photo ID:
Approved:	Fire Marshall CO:	SAVE Affidavit:
Entity #:	State License:	E-Verify Form:
501(c) or 990T:	Lease/Rental Agreement:	Emergency Contact Form:
Notes:		License by Mail or Pickup?



SAVE PUBLIC BENEFITS AFFIDAVIT

By executing this affidavit under oath, as an applicant for, _____
(Occupational Tax License or Alcoholic Beverage License or any other public benefit,) as referenced in O.C.G.A. §50-36-1, from the City of Duluth, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

- 1) I am a United States citizen. **(Include copy of either current State Driver’s License, Passport, or Military ID)**
- 2) I am a legal permanent resident of the United States. **(Include a copy of a current State Driver’s License and/or a copy of your Permanent Resident Card/Employment Authorization Card)**
- 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. My alien number is: _____. **(Include a copy of a current State Driver’s License and/or a copy of your Permanent Resident Card/Employment Authorization Card)**

The undersigned applicant 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 Georgia Law O.C.G.A § 50-36-1 (e)(1) with this affidavit. Which type of secure and verifiable document was provided with this affidavit? _____

If I-797 Notice of Action is included, report “Notice Date.” _____

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

Completed by Notary:

I, _____ (representative for) _____
(Printed name of individual/natural person) (Name of business, corporation, partnership, etc)

Signature of Applicant

Date

Subscribed and sworn before me on this the _____ day of _____, 20_____.

Executed in _____ (City), _____ (State)

Notary public signature: _____ My commission expires: _____



SECURE AND VERIFIABLE DOCUMENTS

The following list of secure and verifiable documents, published under the authority of O.C.G.A.

§ 50-36-2 contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government, must have I-94 attached
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government
- A Certificate of Citizenship issued by the United States Department of Citizenship and
- Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)



E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

The E-Verify Private Employer Affidavit must be collected when applying for occupational tax certificates, and alcohol licenses. The city of Duluth will not issue your license unless you are registered with and use the E-Verify program. If you have not registered with E-Verify, you can find the information at www.uscis.gov. By executing this affidavit under oath, as an applicant for an _____ Occupational Tax Certificate/Business License, 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 Duluth, 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 business document.

Choose one of the following in Section 1:

Section 1:

- A) On January 1st of the below signed year, the individual, firm, or corporation employed more than ten (10) employees. **If the employer selected (A) complete Section 2 below.**
- B) On January 1st of the below signed year, the individual, firm, or corporation employed less than ten (10) employees. **No E-Verify registration is required. Indicate N/A in Section 2.**

Section 2:

The employer has registered with and utilized the federal work authorization program in accordance with the applicable provisions and deadlines in O.C.G.A § 36-60-6 (e). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below.

Federal Work Authorization User Identification Number or N/A 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 of 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.

Completed by Notary:

I, _____ (representative for) _____

(Printed name of individual and natural person) (Title of Authorized Officer or Agent)

Signature of Applicant Date

Subscribed and sworn before me on this the _____ day of _____, 20 _____.

Executed in _____ (City), _____ (State)

Notary public signature: _____ My commission expires: _____



EMERGENCY CONTACT INFORMATION

This information is required to be provided annually at the time of your business issuance/renewal so that the City of Duluth can contact you after normal business hours should and emergency arise. The personal contract information is for official police department use only and is kept strictly confidential. Please email this form to occtax@duluthga.net if changes should occur throughout the year.

Business Name: _____ d/b/a: _____

Business Address: _____

Business Phone: _____ Type of Business: _____

Shopping Center: _____ Subdivision: _____

Building #: _____ Floor #: _____ Suite #: _____ Apt #: _____ Other: _____ Home Based? Yes No

Alarm Company: _____ Alarm Company Phone #: _____

Special Hazards: _____

Days & Hours of Operation: _____

Name of Building/Property Owner: _____

Address: _____ Phone: _____

Cell Phone: _____ Email: _____

First Contact Name: _____ Affiliation to Business: _____

Address: _____ Phone: _____

Cell Phone: _____ Email: _____

Second Contact Name: _____ Affiliation to Business: _____

Address: _____ Phone: _____

Cell Phone: _____ Email: _____