

INSTRUCTIONS FOR APPLYING FOR A CITY OF MILLEDGEVILLE OCCUPATION TAX LICENSE aka BUSINESS LICENSE

PLEASE READ PRIOR TO COMPLETING APPLICATION!

We are pleased to assist you in any way possible in your new business venture and are happy you have chosen Milledgeville as the location for your business.

A City of Milledgeville Occupation Tax License is exactly what its name implies a, city-executed document which indicates that the applicant has met all requirements to operate a business within the city limits. It does NOT indicate the quality or quantity of services provided by said business. Our City Code provides for an occupation tax to be paid by each business which operates within the city limits of Milledgeville.

THE APPLICATION

- Applications are available in the Business Office of City Hall, 119 E Hancock St, Milledgeville, GA 31061 or they are available via our website www.milledgevillega.us. At the home page, choose the FORMS tab and scroll down to Occupation Tax Instructions and Application.
- Items which should accompany all applications are as follows: (incomplete applications will increase the processing time)
 - * Completed Application
 - * Picture ID
 - * Evidence of SS# or Tax ID#
 - * Evidence of Ownership of Site or Signed and Dated Lease
 - * (2) Completed, Signed, Notarized Citizenship Affidavits (Required)
- Occupation Tax licenses are approved and issued based on location. Existing licenses cannot be transferred from one location to another or from one entity to another. Each application must be approved by Planning and Zoning. Once the application is complete and all requisite items are secured, please proceed to the Planning & Zoning Department which is located adjacent to City Hall, on the 3rd floor of the Economic Development Building, 105 E Hancock St, Milledgeville, GA 31061. Zoning related issues may be discussed regarding your business and applications are usually approved at this point but occasionally zoning approvals require more time and an inspection of the site may be required. Please allow 1 – 2 days for processing if necessary. Once zoning approval is secured, proceed to the Business Office, located next door in City Hall, ground floor, with application and required documentation.

GENERAL FEES

- License fees are based on annual GROSS receipts; however, for the first year, or portion thereof, anticipated gross receipts are projected into a range (included in this packet). For instance, if the business is opened in June, gross receipts from June to December of the current year are projected the first year. Example: if the anticipated gross receipts for the business falls somewhere between \$20,000 - \$30,000 the RANGE \$5,000 - \$49,999 should be recorded in the space provided on the application since the projection of \$20-30,000 falls BETWEEN the range of \$5,000 – 49,000.
- In addition to the license fee, there is an administrative fee of \$50 which is a part of each new and/or renewed license, each year.

PROFESSIONAL FEES

- Professional licenses pertain to those PERSONS who fall into categories of: physician, attorney, CPA, funeral director, etc. The annual fee for these categories is \$400 plus the \$50 administrative fee. However, if the referenced professional is just beginning practice, is nearing retirement or is engaged in part-time practice, it may be more advantageous to choose the gross receipts method of reporting previously described. This office will be glad to discuss your individual situation. THESE LICENSES ARE ISSUED IN THE NAME OF THE PROFESSIONAL RATHER THAN THE BUSINESS. Example: The license for Bob Brown or Brown & Associates would be applied for and issued in the name of Bob Brown, not Brown & Associates.
- Upon processing your information, an invoice will be provided via email, US Mail, FAX or personally. You may indicate your preference for invoicing. Fees may be mailed via US Mail, in person or online. We do not accept phone payments. Methods of payment include cash, MC or VISA, check or money order.

TRANSIENT VENDORS

- Our Code describes Transient Vendors as *those who have no permanent place of business within the corporate limits of the city, and who solicit, take orders, peddle or sell articles, goods or merchandise of any kind, regardless of whether such activity is done from house to house, temporary stand, automobile, truck or other mode of transportation...* . Please contact this office so that we may discuss your specific requirements, based on your particular situation. The cost for a transient vendor license is \$100 per day plus a \$50 administrative fee.

We do realize that the requisite red tape/paperwork which goes along with most any type of application or licensing process can be daunting. It is our job to make that task less stressful! Just call us or email us and we will be glad to help.

Mary Williams
License Clerk/Customer Service
mwilliams@milledgevillega.us
Office 478 414-4020
FAX 478 414-4011

PO Box 1900 Milledgeville, GA 31059
119 E Hancock St Milledgeville, GA 31061

Patti Rushin
Manager, Finance Department
prushin@milledgevillega.us
Office 478 414-4006
FAX 478 414-4011

PO Box 1900 Milledgeville, GA 31059
119 E Hancock St Milledgeville, GA 31061

APPLICATION

CITY OF MILLEDGEVILLE OCCUPATION TAX LICENSE

PLEASE COMPLETE ALL FIELDS

NAME OF BUSINESS (Corporate Name and dba Trade Name, if applicable) () BUSINESS PHONE

BUSINESS LOCATION (Physical location, City, State & Zip)

MAILING ADDRESS (If other than Business Location)

BUSINESS OWNER(S) (Include Names, Addresses & Telephones – other than business phone)

EMAIL ADDRESS

PROPERTY OWNER (If other than Business Owner, include Name, Address & Telephone)

DESCRIBE IN DETAIL THE DOMINANT ACTIVITY OF THIS BUSINESS

STATE SALES TAX NUMBER / TAX IDENTIFICATION NUMBER

\$ _____ TO \$ _____ (ESTIMATE FROM 1st DAY OPERATION TO DECEMBER 31)

THEN CHOOSE AND ENTER RANGE THAT BEST ESTIMATES PROJECTED GROSS RECEIPTS

* If you are a Professional please refer to Instructions –

CERTIFICATION: I, herewith, register and apply to operate said business within the city limits of Milledgeville, Georgia, and I further certify that the information I have provided in this application is true and correct, to the best of my knowledge. I further certify that I have read and understand the accompanying instructions.

DATE APPLICANT

----- PLEASE DO NOT WRITE BELOW THIS LINE -----

() PICTURE IDENTIFICATION Date Received in Office _____
() SIGNED/DATED LEASE or Prepared by _____
() PROOF OF OWNERSHIP Tax Code _____
() CODE ENFORCEMENT APPROVAL Tax Class _____
() OTHER _____ SIC Code _____

License # _____ Administrative Fee \$ _____
Receipt # _____ License Fee \$ _____
TOTAL DUE \$ _____

CODE ENFORCEMENT APPROVAL: _____ / _____ / _____
Official Date Stipulations

OCCUPATION TAX RANGES OF GROSS RECEIPTS

0 -	4,999
5,000 -	49,999
50,000 -	99,999
100,000 -	199,999
200,000 -	299,999
300,000 -	399,999
400,000 -	499,999
500,000 -	599,999
600,000 -	699,999
700,000 -	799,999
800,000 -	899,999
900,000 -	999,999
1,000,000 -	1,099,999
1,100,000 -	1,199,999
1,200,000 -	1,299,999
1,300,000 -	1,399,999
1,400,000 -	1,499,999
1,500,000 -	1,599,999
2,000,000 -	2,499,999
2,500,000 -	2,999,999
3,000,000 -	3,499,999
4,000,000 -	4,999,999
5,000,000 -	5,999,999
6,000,000 -	6,999,999
8,000,000 -	10,999,999
11,000,000 -	13,999,999
14,000,000 -	57,999,999

Affidavit Verifying Status for City of Milledgeville Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Milledgeville, Georgia Business 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 the (check one)

____ City of Milledgeville Business Occupation Tax Certificate

____ Alcohol License

____ Taxi Permit

If person is applying on behalf of a business, specify the NAME AND ADDRESS of the business:

I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O.C.G.A § 50-36-1E. Such documents are defined by O.C.G.A. § 50-36-2 and made available on the State Attorney General's website.

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. *

If #2 is selected above, a copy of one of the following documents must be attached to the Affidavit.:

- 1. Unexpired foreign passport
- 2. Employment Authorization Card (I-766)
- 3. Refugee Travel Document (I-571)
- 4. Permanent Resident Card (I-551)
- 5. Reentry Permit (I-327)
- 6. Certificate of Citizenship
- 7. Naturalization Certificate
- 8. Machine Readable Immigrant Visa (w/Temp I-551 lang)
- 9. Temporary I-551 Stamp (on passport or I-94)
- 10. I-94 (Arrival/Departure Record) in unexpired foreign passport
- 11. Certificate of Eligibility for Nonimmigrant (F-1) Student Status(i-20)
- 12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)

I am 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.

Company _____

Address _____

Signature of Applicant

Date

Printed Name

* _____

Alien Registration number for non-citizens

THIS FORM MUST BE NOTARIZED

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

Notary Public
My Commission Expires: _____

*Note: O.C.G.A. § 5-36-1(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 their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: _____

**APPLICANTS AND RENEWALS FOR OCCUPATIONAL LICENSES AS OF JULY 1
(CURRENT YEAR)**

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

By executing this affidavit under oath, as an applicant for an occupational tax license (*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 Milledgeville, the undersigned applicant representing the private employer known as _____ (*printed name of business/private employer*) verifies one of the following with respect to my application for the above-mentioned document:

→ **Complete this section (effective as of July 1, current year. Check (A) or (B). Required.**

(A) _____ On July 1st of the below signed year the individual, firm or corporation employed ***more than ten (10) employees.***

(B) _____ On July 1st of the below signed year the individual, firm or corporation employed ***fewer than ten (10) employees.***

COMPLETE THIS SECTION IF, AND ONLY IF, YOU CHECKED ITEM (A) ABOVE

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(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

ALL APPLICANTS MUST SIGN BELOW, HAVE NOTARIZED, AND RETURN WITH YOUR APPLICATION OR PAYMENT TO OBTAIN AN OCCUPATION TAX LICENSE

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 _____ day of _____, 20____ in _____(city), _____(state).

→ _____
Signature of Authorized Officer or Agent

→ **PRINT LOCAL BUSINESS NAME HERE:**

Print Name or and Title of Authorized Officer or Agent

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS
_____ **DAY OF** _____, **20** _____.

→ **PRINT LOCAL BUSINESS ADDRESS HERE:**

Notary Public

My Commission Expires: _____