

**MANCHESTER, GEORGIA
BUSINESS OCCUPATION TAX RENEWAL**

RENEWAL: ***DUE ON JANUARY 1, 2024***
LATE FEE ADDED: **APRIL 1, 2024**
REMIT TO: CITY OF MANCHESTER
PO BOX 366
MANCHESTER, GA 31816
TELEPHONE: (706) 846-3141
WE ARE LOCATED AT: 116 W 2ND ST MANCHESTER, GA 31816

COMPLETE ALL SECTIONS AND RETURN WITH PAYMENT

FOR GOVERNMENT USE ONLY

ACTIVITY NO. _____
TAX YEAR _____ 2024 _____
CUSTOMER NO. _____
CERTIFICATE NO. _____
E-VERIFY # _____
AMOUNT PAID \$ _____
DATE _____ RECEIPT # _____
CHECK # _____ CA _____ CC _____
PROCESSED BY _____ DATE _____
::: _____

1. BUSINESS CORPORATE & "DOING BUSINESS AS" NAME:

2. BUSINESS TYPE: ___ LLC ___ CORPORATION ___ PARTNERSHIP (LP or LLP)
___ SOLE PROPRIETOR ___ NON-PROFIT ENTITY

3. TYPE OF REGISTRATION: ___ RENEWAL ___ TERMINATION, DATE CLOSED _____

4. FEDERAL TAX IDENTIFICATION NUMBER: _____

5. STATE SALES TAX NUMBER: (IF APPLICABLE) _____

6. IS THE BUSINESS LOCATED IN YOUR HOME? ___ YES ___ NO

7. ON JANUARY 1, THIS BUSINESS EMPLOYED:

(A) ___ 10 OR FEWER EMPLOYEES, I AM EXEMPT FROM E-VERIFY REQUIREMENTS

OR

(B) ___ MORE THAN 10 EMPLOYEES, MY E-VERIFY NUMBER IS: _____

8. DESCRIBE THE NATURE OF THE BUSINESS:

9. OWNERS AND/OR OFFICERS INFORMATION:

NAME: _____

TITLE: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

EMAIL ADDRESS: _____

NAME: _____

TITLE: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

NAME: _____
TITLE: _____
HOME ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: _____

NAME: _____
TITLE: _____
HOME ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: _____

Add Additional owner/officers as needed

10. BUSINESS MAILING INFORMATION: (For all correspondence and billing)

ADDRESS: _____
CITY, STATE, ZIP: _____

11. BUSINESS PHYSICAL LOCATION INFORMATION: (INCLUDING IN HOME BUSINESSES)

ADDRESS: _____
CITY, STATE, ZIP: _____

12. STATE LICENSE NUMBER (IF APPLICABLE):

Each person who is listed by the Secretary of State pursuant to Title 43 of the Official Code of Georgia Annotated shall provide evidence of proper and current state licensure before a City of Manchester Georgia certificate may be issued.

LICENSE NUMBER: _____
EXPIRATION DATE: _____

(Please attach a copy of license)

13. OCCUPATION TAX AND ADMINISTRATIVE FEE:

Business License Fees

Number of Employees and Owners. <u>Must include one owner.</u>	Tax Liability Administrative fee plus flat fee plus amount PER employee
1--5	\$ 25.00 + \$70.00 ADM. FEE & FLAT FEE
6--25	\$ 20.00 + \$70.00ADM. FEE & FLAT FEE
26--50	\$ 17.00 + \$70.00ADM. FEE & FLAT FEE
51--99	\$ 15.00+ \$5.00 ADM. FEE & FLAT FEE
100- UP	\$ 5.00 + \$5.00 ADM. FEE & FLAT FEE
	<p style="text-align: center;">EXAMPLE: 4 EMPLOYEES = \$25.00 X 4 = \$100.00 PLUS \$70.00 ADMIN & FLAT FEE TOTAL AMOUNT DUE: \$170.00</p>
	<p style="text-align: center;">PLEASE REEMIT CORRECT AMOUNT WITH ALL SECTIONS COMPLETED AND DOCUMENTS REQUIRED</p>

14. TOTAL NUMBER OF EMPLOYEES _____ **AMOUNT DUE \$** _____

15. PENALTY 10% OF (if paid after April 1,2024) AMOUNT DUE: \$ _____

16. INTEREST 1.5% PER MONTH: (if paid after April 1, 2024) AMOUNT DUE \$ _____

17. TOTAL OF LINES 14, 15 AND 16 TOTAL DUE \$ _____

18. Before a contractor obtains an Occupation Tax Certificate, he or she shall submit to the City Clerk of Manchester Georgia, a list of all subcontractors who will be used in construction relating to the certificate.

____ ATTACHED ____ N/A (NOT A CONTRACTOR)

19. Any business required to obtain health certificates, bonds, certificates of qualification, certificates of competency, or any other regulatory matter shall first, before the issuance of a City of Manchester Occupation Certificate show evidence of such qualification.

____ ATTACHED ____ NOT APPLICABLE

20. PLEASE INDICATE THE SOURCE FOR THE NUMBER OF EMPLOYEES AND OWNERS CHECKED ON QUESTION 14:

____ Latest filed IRS W-3 Transmittal of Wage and Tax Statement - Block C or the number of electronically filed W-2 forms.

____ Latest Georgia DOL-4N Form filed for third Quarter ending September - Part II Line 1 of 3rd month.

____ Latest filed IRS Schedule C if sole proprietor.

21. Application by exempt entity for a Business License.

____ I the lawful representative of the above-named entity certified by my signature below, and show that said entity is exempt from Occupational taxes pursuant to state law and herewith on its behalf makes application for a Certificate of Doing Business.

22. Application fee for a Business License. None.

I CERTIFY THAT I HAVE NOT INCLUDED ANY PERSONAL EMPLOYEE SOCIAL SECURITY NUMBERS OR OTHER CONFIDENTIAL INFORMATION AND THAT I HAVE REDACTED ANY SUCH INFORMATION WHERE REQUIRED, AND I TAKE FULL RESPONSIBILITY FOR WHAT I SUBMIT

____ Copies attached

23. I certify under oath and under penalty of perjury that the figures given as a basis for taxation are true and correct to the best of my knowledge, and that all records shall be available for inspection by the City Council of Manchester Georgia or it's representative. I further certify that the zoning classification of the property located at the business address above is appropriate zoning to permit the business use at such location and that the building to be used at such business location is, or will be prior to occupancy, in compliance with all building codes applicable to such business. I further certify that where necessary I have obtained all County Health Department permits for my business. I understand that issuance of an Occupation Tax Certificate does not indicate conformity with City of Manchester, Georgia Ordinances and it is my/our responsibility to conform with all ordinances. The City of Manchester, Georgia expressly reserves the right to enforce any and all ordinances regardless of payment. I further acknowledge that by giving false information or by making false statements herein that my business occupation license may be revoked by the City Council of Manchester Georgia.

Authorized Signer (Print Name) ****MUST SIGN IN FRONT OF NOTARY****

Title

Signature and Date

DATE: _____

Sworn to and subscribed before me

this _____ day of _____ 20_____.

Notary Public, State of Georgia

My commission expires: _____

Verification of Lawful Presence with the United States

By executing this affidavit under oath, as an applicant for an Occupation Business License as reference in O.C.G.A 50-36-1 from The City of Manchester, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States
- 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 of other Federal immigration agency.

My alien number issued by the Department of Homeland Security or other Federal immigration agency is: _____

The undersigned applicant also 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 O.C.G.A 50-36-1(f) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

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 a 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.

Executed in Manchester Georgia

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

NOTARY PUBLIC

My commission Expires: _____

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

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

Section 1. Please check only one:

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

** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below- signed year, the individual, firm, or corporation employed ten (10) for fewer employees.

** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with the utilized the federal work authorization program in accordance with the applicable provisions and deadline established in O.C.G.A 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Executed on (month) _____, (day) _____, 202_____

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____ 202_____

NOTARY PUBLIC
My Commission Expires: _____