



# EFFINGHAM COUNTY

## OCCUPATION TAX CERTIFICATE APPLICATION

### \*\*\*For Office Use Only\*\*\*

Map \_\_\_\_\_ Parcel \_\_\_\_\_ Zoning \_\_\_\_\_ License Number \_\_\_\_\_ SIC Number \_\_\_\_\_

Business Type:  Home Occupation  Commercial  Rural Business  Residential Business  
Board Approval Date: \_\_\_\_\_ Board Approval Date: \_\_\_\_\_

Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Owner of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Mailing Address (if different): \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you the owner of the property where the business is being conducted? Yes  No   
*(If no, a letter must be provided from the property owner giving permission for a home occupation license)*

Property Owner / Address / Phone: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Will your business require customers or clients coming onto the property? Yes  No

Will your business require work conducted from any other structure located on the property? Yes  No

Are you applying for an alcohol license? Yes  No

Number of Employees: (including self) Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Is a state certification required for the type of business conducted? Yes  No

If yes, note your Certification Number: \_\_\_\_\_

Year for which application is being made: \_\_\_\_\_

#### Section 3.15 of the Effingham County Zoning Ordinance

"Home occupation" means an occupation or profession which is conducted entirely within a dwelling, which is carried on only by family members residing therein, which does not involve customers or clients coming onto the premises, and which is clearly incidental and secondary to the use of the dwelling for residential purposes.

Any business being based from another structure on your property or having customers or clients in home MUST have approval by the Planning Board and Commissioners.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
APPLICANT NAME (please print)

\_\_\_\_\_  
DATE

# E-VERIFY AFFIDAVIT

## 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, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. 36-60-6(d):

### Section 1.

Please check only one:

- (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 ten (10) or fewer employees.

\*\*\*If the employer selected Section 1(A), please fill out Section 2 below.

### Section 2.

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. The undersigned private employer also attests that its federal work authorization used identification number and date of authorization is as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Business Account No.

\_\_\_\_\_  
Federal Work Authorization User Identification Number  
(Also called E-verify#, usually 4-6 digits)

\_\_\_\_\_  
Sales Tax ID NO. (Only if Applicable)

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

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_\_\_\_.

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

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

SEAL

# Affidavit Verifying Status for Effingham County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Effingham County, 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 a Effingham County Business Occupation 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 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.\*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

\*

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

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_