



MORGAN COUNTY PLANNING AND DEVELOPMENT

Post Office Box 1357
150 East Washington Street, Suite 200
Madison, Georgia 30650
(706) 342-4373 Office (706) 343-6455 Fax

New Business: Return application, notarized Immigration affidavit, and E-Verify Information
Renewal: Return application, and E-Verify information by December 31st
Return to: Morgan County Planning and Development

OFFICE USE ONLY
Zoning
License #
Tax Map and Parcel
Amount Paid \$
Payment type
Issued by:
Date
NAICS CODE

Occupational Tax Application

1. BUSINESS NAME:

2. EMAIL ADDRESS:

3. BUSINESS MAILING ADDRESS:

4. BUSINESS LOCATION ADDRESS:

5. TELEPHONE #:

6. NAME, TITLE, AND ADDRESS OF OWNER & APPLICANT:

OWNER NAME:

HOME ADDRESS:

CITY, STATE, ZIP:

MAILING ADDRESS:

CITY, STATE, ZIP:

TELEPHONE #:

APPLICANT NAME/TITLE:

HOME ADDRESS:

CITY, STATE, ZIP:

MAILING ADDRESS:

CITY, STATE, ZIP:

TELEPHONE #:

7. DESCRIBE TYPE OF BUSINESS:

8. OCCUPATIONAL TAX INVOICE

Your Occupational Tax fee is based on the following:
Administrative fee \$40.00
Business owner \$10.00
Employees X \$10.00 each \$
Total due: \$

9. TYPE OF BUSINESS

HOME OFFICE COMMERCIAL LOCATION
INDUSTRIAL LOCATION

10. TYPE OF OWNERSHIP

SOLE OWNER CORPORATION
PARTNERSHIP LLC

11. TYPE OF REGISTRATION

NEW DATE BUSINESS OPENED
RENEWAL
OUT OF BUSINESS CLOSED DATE

12. FEDERAL TAX I.D. OR SOCIAL SECURITY#:

13. STATE LICENSE # (IF APPLICABLE):

14. STATE SALES USE TAX # (IF APPLICABLE):

15. E-VERIFY # (IF APPLICABLE- 10 OR MORE EMPLOYEES):

16. I certify that all information given, including the figures given as a basis for taxation, is true and correct to the best of my knowledge, and that records shall be made available for inspection, as specified in Sec. 66-29 of the Morgan County Code. I understand that the issuance of an Occupation Tax Certificate does not indicate conformity with Morgan County Ordinances and it is my responsibility to conform with all ordinances. Morgan County expressly reserves the right to enforce any and all ordinances, regardless of payment.

Signature

Title Date

- INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
COMPLETE IMMIGRATION AFFIDAVIT FOR NEW APPLICANTS/ NEW BUSINESSES
INCLUDE COPIES OF ALL APPLICABLE STATE LICENSING
COMPLETE E-VERIFY IF MORE THAN 10 FULLTIME EMPLOYEES; IF THERE ARE LESS THAN 10 EMPLOYEES COMPLETE AND NOTARIZE E-VERIFY EXEMPTION FORM
CASH OR CHECK PAYMENT DUE AT TIME OF APPLICATION
PLEASE MAKE CHECK PAYABLE TO: MORGAN COUNTY
Thank you for doing business in Morgan County!



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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

Executed on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.