

To: All Businesses in the City of Fairmount

From: City of Fairmount

Re: 2019 Occupational Tax Ordinance/ Business License

Please visit our website at www.fairmountga.gov for a business license application, it's under the business tab.

On March 6, 2000, the Fairmount City Council adopted an Occupational Tax / Business License Ordinance for all Businesses located within the City limits of Fairmount, in accordance with OCGA 48-13-7.

In the past we have mailed business license applications but due to the passing of HB 87, the City of Fairmount is now required to see in person an acceptable secure verifiable document (most common a driver's license) before you can obtain your business license. If you would like to view a complete list of the secure and verifiable documents, you can come by City Hall.

Also, please note that this document is not a public record and will only be used to properly process the Occupational Tax / Business License, and as such, is only available to authorized City personnel.

The actual license must be posted in a conspicuous location on the business premises and be clearly visible to law enforcement officers, who may periodically inspect for compliance. A copy of the ordinance is available for your review at City Hall, or you may purchase a copy for a modest fee.

Please note that if the nature of your business requires a State of Georgia License or Permit, or a License or Permit from any Governmental entity to conduct business, a copy of that document must accompany your documentation before a City License can be issued. Further, all businesses must be in full compliance with all existing City Ordinances.

Occupational Tax / Business License / Registration can be accomplished at City Hall. Monday thru Friday, 8:00-5:00 p.m. The deadline to obtain your license for the 2019 calendar year is January 31, 2019.

If you have any questions, please call City Hall at (706) 337-5306.

CITY OF FAIRMOUNT
PO Box 705
Phone 706-337-5306
Application for Business License

Date of Application _____

Map & Parcel # _____
(Available from Tax Assessor's Office)

- (1) Name of Business _____
- (2) Physical Address of Business _____
(Must be a correct Address on file or issued by E-911)
(Address must be posted and visible at all times)
- (3) Mailing Address (if different from above) _____
- (4) Business Telephone _____ Fax _____
- (5) Business Owner's Name _____
- (6) Business Owner's Address _____
- (7) Business Owner's Home or Cell Telephone _____
- (8) Business Owner's E- Mail address (Optional) _____
- (9) Type of Business at this location. If more than one, list each line of Business separately (i.e. retail sales, beauty shop, auto repair etc.)

(Section 6 of Ordinance)

- (10) Is Business conducted at more than one location? Yes ___ No ___
If yes, each location must be registered and pay tax separately.
(Section 7 of Ordinance)
- (11) Is State License or Permit required for this Business? Yes ___ No ___
If yes, please attach copy
(Section 14 of Ordinance)
- (12) Number of full time employee's _____. Number of Part time employee's _____.
This includes owners. Full time equivalents are computed by adding the total average weekly hours of employees who work less than 40 hours, and that sum divided by 40 to produce full time equivalent employees.
(Section 4 of Ordinance -- see page 2 of Registration Form)
- (13) Have you paid all water and sewer deposits at this location? Yes ___ No ___.
(Must present proof such as receipts)
- (14) Has all Property taxes been paid at this location? Yes ___ No ___.
- (15) Is the business a new commercial establishment? Yes ___ No ___

If yes, signature of Fire Inspector required: _____

- (16) Does the company own the building and real estate? _____ if no, list the owner and his/her telephone number

Name: _____ Number: _____

Fire Inspector: 706-629-7741 Environmental Health Services: 706-624-1440 Tax Assessor: 706-629-6812

Signature _____

Date: _____

**CITY OF FAIRMOUNT
BUSINESS LICENSE REGISTRATION**

BUSINESS LICENSE SCHEDULE

Number of Employees	Amount of Tax Due
1	\$ 35.00
2-4	\$ 75.00
5-10	\$ 150.00
11-50	\$ 250.00
51-100	\$ 300.00
101-200	\$ 500.00
201-500	\$ 750.00
501-750	\$ 1000.00
751 and above	\$ 1250.00

I do solemnly swear that all the information provided herein is a true and correct representation and acknowledge that this is a violation of State Law to provide false or misleading information to a Governmental entity.

OCGA 16-10-71

Print Name of Business Owner

Signature of Business Owner

Date

Notary

My commission expires on _____ day of _____.

Seal:



City of Fairmount

P.O. Box 705

Fairmount, GA 30139

Phone: 706-337-5306

Fax: 706-337-4676

www.fairmountga.gov

Affidavit Verifying Status for City Public Benefit

Instructions: As required by Official Code of Georgia § 50-36-1(d)(1), any natural person who applies for a state or local public benefit must execute an affidavit concerning the applicant's legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a qualified alien or nonimmigrant lawfully present in the United States is required to execute this Affidavit under oath before a notary public.

By executing this affidavit under oath, as an application for the City of Fairmount, Georgia, I am stating the following with respect to my application for the City of Fairmount, Check the box that applies:

_____ Business License/Occupational Tax Certificate _____ Alcohol Beverage License

_____ Insurance Company License _____ Employee Health Benefits

_____ Contract with the City of Fairmount _____ Flea Markets Licenses

Or other public benefit as referenced in O.C.G.A. § 50-36-1 for _____

Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity:

_____ Name of Business _____

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 or 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(e)(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 an 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.

Signature of Applicant: _____ Date: _____

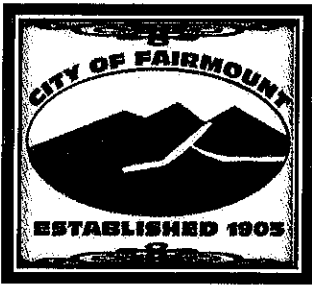
Printed Name: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20__ Signature of 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:



City of Fairmount
PO Box 705
Fairmount, Georgia 30139
Phone: 706-337-5306
Fax: 706-337-4676

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

(Please check the (1) appropriate box below and complete, including notarization at bottom)

Employs more than 10 (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer _____(business name) verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-verify. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number (this number is NOT the FEIN/Federal Employer Identification Number) and date of authorization are as follows:

Federal Work Authorization User Identification Number (E-VERIFY #)

Date of Authorization

Name of Private Employer

Employs less than 10 (total employees for Individual, Firm or Corporation)

By executing this affidavit, the undersigned private employer _____(business name) verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 10 employees and therefore, is not required to register with and/or utilize the federal work authorization program provision commonly known as E-Verify.

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

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Agent or Officer

AFFIX SEAL

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____