



City of Fairmount
PO Box 705 Fairmount, GA 30139
706-337-5306

Occupation Tax & Regulatory Fee Application (Business License)

Date _____ Map/Parcel _____ Lic# _____

1. Business Name: _____

2. Owner Name: _____

Business Address: _____

Mailing Address: _____

Telephone#: _____ E-mail address: _____

3. Type of Business: _____
(Example: Retail Sales, Beauty Shop, Manufacturing, etc.)

❖ Does this business have any coin operated/game machines? Yes _____ or No _____
If Yes, how many? _____

4. Is business conducted at more than one location? Yes ___ No ____
If yes, each location must be registered and pay tax separately. (Sec. 7 of ordinance)

5. Is State License or Permit required for this Business? Yes _____ No _____

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.

6. Number of Employees: Full Time: _____ Part Time: _____
(This includes owner and any part-time employee equivalent of full-time based on 40 hours per week. Sec. 4 of ordinance.)

7. Have you paid all water and sewer deposits at this location? Yes or No
(Must present proof such as receipts)

8. Has all property taxes been paid at this location: Yes or No

9. Is the business a new commercial establishment? Yes or No

If yes, signature of Fire Inspector Required: _____

10. Does the company own the building and real estate? _____ If No, list the owner and his/her telephone number

Name of Property Owner: _____ Phone Number: _____

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

Signature: _____ **Date:** _____



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Fee Schedule

Number of Employees	License Fee
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	\$1,000.00
751+	\$1,250.00
Establishments with Pool Tables (Sec. 10-72)	\$75.00 + \$25 per table
Establishments with Coin Machines (Sec. 10-72)	\$75.00 + \$15.00 per machine
Peddlers License	\$25.00
Insurance License Fee (Sec. 10-44 b)	\$15.00

I do solemnly swear that all the information provided herein is a true and correct representation and acknowledgement that this is a violation of State Law to provide false or misleading information to a Government entity. OCGA 16-10-71

Printed Name of Business Owner: _____

Signature of Business Owner _____

Date: _____

Notary
My commission expires _____

Seal:



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

Please check the 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. 5 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. S 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. 5 16-10-20, and face criminal penalties allowed by such statute.

Executed on _____, _____, 20____ in _____ (City), _____ (state).

Signature of Authorized Agent _____

Title of Authorized Agent _____

Sworn before me on this, _____ day of _____, 20____

Seal

Notary: _____



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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. S 50-36-1 for _____

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

- ☐ I am a United States Citizen
- ☐ I am a legal permanent resident of the United States *(Must provide documentation)*
- ☐ 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 is 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 OCGA 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided can be best 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. 5 16-10-20, and face criminal penalties allowed by such statute.

Signature of Applicant: _____

Printed Name of Applicant: _____

Notary

Sworn before me this ____ day of _____, 20____

SEAL