Mayor
Kay Pippin

City Clerk
Jeanette Riley

770-775-7535
FAX – 770-775-8051

CITY OF Jackson GEORGIA

P.O. Box 838
134 S. Oak Street
Jackson, Georgia 30233

Council Members

Theodore Patterson, Dist. 1
Lewis Sims, Dist. 2
Ricky 'P-Nut' Johnson, Dist. 3
Don Cook, Dist 4
Beth S. Weaver, Dist. 5

INSTRUCTIONS

To obtain an Occupational Tax License in the City of Jackson, an applicant must complete the following requirements:

1. **Complete the application. The State of Georgia requires that before a business license is issued, a current copy of your state license (if you are required to have one) must be submitted with your application. You must submit either the Affidavit of Compliance or Exemption Affidavit in regard to E-Verify. The affidavit verifying status for City Public Benefit must be submitted with a copy of your driver's license.**
2. **Pay the appropriate license fee at the time of application.**
3. **Contact Butts Co. Community Services Office located at 625 W. Third St., telephone number 770-775-8210, to obtain a letter showing that the location is properly zoned for its intended use and pay fee for the final inspection in order to obtain a certificate of occupancy. $125.00 fee payable to Butts County.**
4. **Contact the Jackson Fire Department located at 139 S. Holly St, telephone number 770-775-8054, to request an inspection of the location to ensure that it meets the requirements of the Fire Safety Code. $100.00 payable to City of Jackson.**

All documents should be returned to City Hall. The City of Jackson will review the documents for compliance, and a license will either be approved or denied. Licenses will be issued only after receiving required documentation and after all fees are paid.

This serves as written notice that information obtained on the Official Addendum shall be submitted to the Georgia Department of Revenue.

IF YOU ARE REQUIRED TO BE LICENSED BY THE STATE, YOU MUST SUBMIT A COPY OF YOUR CURRENT STATE LICENSE.

PLEASE NOTE - NO ONE IS AUTHORIZED TO OPERATE A BUSINESS UNTIL A LICENSE HAS BEEN APPROVED AND ISSUED BY THE CITY OF JACKSON.

Mayor
Kay Pippin

City Clerk
Jeanette Riley

770-775-7535
FAX – 770-775-8051

CITY OF Jackson GEORGIA

P.O. Box 838
134 S. Oak Street
Jackson, Georgia 30233

Council Members

Theodore Patterson, Dist. 1
Lewis Sims, Dist. 2
Ricky "P-Nut" Johnson, Dist. 3
Don Cook, Dist 4
Beth S. Weaver, Dist. 5

OCCUPATIONAL TAX / BUSINESS INFORMATION

BUSINESS NAME_____

LEGAL ADDRESS OF BUSINESS_____

TYPE OF BUSINESS_____

TELEPHONE NO._____FEDERAL ID NO._____

_____
BILLING ADDRESS IF DIFFERENT FROM ABOVE

_____
OWNER NAME (if sole proprietorship)

_____
HOME ADDRESS

SOCIAL SECURITY NO._____HOME PHONE_____

_____
IF PARTNERSHIP, LIST NAME AND ADDRESS (if corporation, list officers)

_____

SOCIAL SECURITY NO._____PHONE NO._____

_____
LIST NAME AND ADDRESS OF ANY PREVIOUS BUSINESSES OPERATED

LIST EMERGENCY NUMBERS:

_____
PHONE NO. NAME OF PERSON

_____
PHONE NO. NAME OF PERSON

_____
SIGNATURE DATE

CITY OF JACKSON OCCUPATIONAL TAX RETURN
P. O. BOX 838
JACKSON, GA 30233

2015

NAME OF BUSINESS: _____

DATE ESTABLISHED: _____

LEGAL ADDRESS OF BUSINESS: _____
_____
_____

DESCRIBE PRINCIPAL TYPE OF BUSINESS CONDUCTED:
_____
_____

OCCUPATION TAX (Business License)

A. Multiply total number of employees on January 1st times the per employee tax to calculate occupation tax. The city may request supporting information such as Wage and Tax reports to determine the accuracy of information.

0 – 3 Employees (MINIMUM TAX)	= $125.00
Next 7 Employees _____ x $19.00 per employee	= $_____
Next 10 Employees_____ x $17.00 per employee	= $_____
Next 10 Employees_____ x $15.00 per employee	= $_____
Next 10 Employees_____ x $14.00 per employee	= $_____
Next 10 Employees_____ x $ 7.00 per employee	= $_____
Over 50 Employees_____ x $ 2.00 per employee	= $_____

B. Regulatory Fee (if applicable) +$_____

C. 10% penalty applied after March 31 and interest due at the rate of 1.5 percent (1.5%) per month +$_____

D. Total $_____

I hereby certify that the information reported herein is true and correct.

_____ _____
(Signature of authorized person) (Printed name of authorized person)

Title of Person Reporting _____

Mayor
Kay Pippin

City Clerk
Jeanette Riley

770-775-7535
FAX – 770-775-8051

CITY OF Jackson GEORGIA

P.O. Box 838
134 S. Oak Street
Jackson, Georgia 30233

Council Members

Theodore Patterson, Dist. 1
Lewis Sims, Dist. 2
Ricky "P-Nut" Johnson, Dist. 3
Don Cook, Dist 4
Beth S. Weaver, Dist. 5

Occupational Tax-Certificate of Occupancy
Fire Safety Inspection Fees

Certificate of Occupancy – Fire Safety Inspection Fee $100.00

Please fill out all pertinent information:

Name of Business: _____

Business Address: _____

Date of Occupancy: _____

Type of Occupancy (Business Type): _____

Your Name (please print): _____

Phone Number: _____

Name of Utility Company Servicing Premises: _____

Utility services under the name of: _____

I understand that the fee of $100.00 for the Certificate of Occupancy is mandatory by law and must be paid prior to issuance of this certificate. I also understand that I will contact Butts County Department of Building Inspections to verify zoning for the business or occupation listed. Operating a business without an Occupational Tax License is prohibited and subject to a fine and/or imprisonment.

Signature: _____ Date: _____

Do Not Complete – Office Use Only

Prior Occupancy (Business Type) _____

Processed By: _____

Inspection Fee Paid: _____ Cash/Check Date: _____

JACKSON POLICE DEPARTMENT
116 BYARS STREET
P.O. BOX 838
JACKSON, GEORGIA 30233
775-7878

CITY OF JACKSON MERCHANTS

BUSINESS NAME _____

STREET ADDRESS _____

CITY AND STATE _____

PHONE NUMBER _____

OWNER _____ PHONE# _____

AFTER HOUR KEY HOLDER _____ PHONE# _____

_____ PHONE# _____

_____ PHONE# _____

_____ PHONE# _____

* PLEASE KEEP THIS DEPARTMENT ADVISED OF ANY CHANGES IN KEY HOLDER STATUS

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes 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. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

_____
Name of 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 of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

_____
NOTARY PUBLIC

My Commission Expires:

_____

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.

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ___, 201__ in _____(city), _____(state).

_____
Printed Name of Exempt Private Employer

_____
Signature of Exempt Private Employer or
Authorized Officer or Agent

_____
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

_____

NOTARY PUBLIC

My Commission Expires:

_____

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

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Jackson, Georgia Business License or 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 City of Jackson, Georgia (check one of the following)
Business License (Occupational Tax Certificate) ____
Alcohol License ____
Taxi Permit ____
Other Public Benefit ___

I, _____ (name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity) state the following:

1) _____ I am a United States Citizen

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:

_____

SUBCRIBED AND SWORN
BEFORE ME ON THIS THE
___DAY OF _____, 20__

*_____
Alien Registration number for non-citizens

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:

_____

The Office of Secretary of State

Brian P. Kemp
SECRETARY OF STATE

July 12, 2011

Dear Business License Holder,

The Secretary of State's Professional Licensing Boards Division currently issues professional licenses through 36 boards. In addition to providing licensure for qualified individuals, the Secretary of State's Office investigates unlicensed practice on behalf of the Georgia Board of Dentistry.

Please note that O.C.G.A. § 36-60-6(a) reads in part:

Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented.

The aforementioned code section refers to *any* of the professions that are regulated by this Division.

As such, we have recently communicated with local business licensing authorities in an effort to ensure individuals have obtained the necessary professional licensure prior to obtaining a business license. We are asking local municipalities to verify state licensure by visiting the Secretary of State's website at https://secure.sos.state.ga.us/myverification/ before a local business license is issued or renewed.

Please accept this letter as a reminder that no business license should be issued for professions which require state licenses, unless there is verification of such license.

Sincerely,

Anita O. Martin, Executive Director
Georgia Board of Dentistry

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440 • (866)888-1308 FAX
www.sos.state.ga.us

State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.