



OCUPATIONAL TAX CERTIFICATE INFORMATION SHEET

REGISTERED BUSINESSES

Registered Businesses are businesses that home office is located in another county within the State of Georgia. The taxes are being paid to that county and the Occupational Tax Certificate or business license are issued by them. A current copy of the Occupation Tax Certificate (OTC)/ Business License from the county in which taxes are paid is required to register in the City of Sylvester.

1. Businesses with a license from another state that do not hold a Tax Certificate within the state of Georgia will be required to obtain an Occupational Tax Certificate with the City of Sylvester.
2. Corporations wishing to do business in Georgia must obtain certification as a corporation operating in Georgia from the Secretary of State. A copy of the corporation paperwork will be required.
3. A copy of the individual driver's license is required of the person applying for the Occupational Tax Certificate on behalf of the business or corporation.
4. Applicants that are regulated by the State of Georgia must obtain a license from the Georgia Secretary of State. They must submit a copy of the state license or permit with the OTC application. This includes, but is not limited to the following: Electricians, Refrigeration, Heating/Cooling, Auto Dealers, Plumbers, Alarm Contractors, Barbers/Beauticians, etc. (See the GA Secretary of State website, www.sos.ga.gov, for a complete list).
5. Your Occupational Tax Certificate is valid for only one year (calendar year). The Occupational Tax Certificate expires on December 31st of each year, regardless of the date purchased.
6. **If there is a change in the business, such as ownership, company name, federal identification number, location or mailing address, or have ceased operation, please notify the Community Development Department.**
7. Contractors: Copy of current Certificate of Insurance depicting liability insurance coverage and the City of Sylvester as certificate holder.

Thank you for doing business in the City of Sylvester. If you have any questions contact the Community Development Department at 102 S. Main Street Sylvester, Georgia, 31791, 229-776-8505.



New Business Application Packet

We are so glad that you chose Sylvester to open or expand your business. We stand ready to assist you in every way possible as you work toward a successful venture in Sylvester. Please contact our office if you have any additional questions 229-776-8505.

- Prior to submitting your Business License Application, please check to ensure your location and proposed business meets the City's Zoning Regulations by contacting the Community Development Department at 229-776-8505.
- Building Safety Inspections will need to be completed and approved before a business license will be issued. See below checklist for more information.
- All businesses engaging in retail sales must provide a sales Tax ID Number. This can be obtained by visiting <https://gtc.dor.ga.gov/>
- Building and Sign permits can be obtained through the Community Development Department at 229-776-8505.
- Convenience Stores & Bakeries must also be inspected by the Georgia Department of Agriculture at 229-386-3489.
- Certain businesses such as restaurants and other food vendors, hotels/motels, public swimming pools, body art facilities, etc. requires approval by Worth County Health Department which can be reached at 229-777-2168.
- Alcoholic Licenses are required for those who wish to sell any alcoholic beverages. Applications can be obtained by contacting the City Clerk at 229-776-8505.

Business License Checklist

- 1. Complete and Submit **Business License Application Packet** to Community Development Department
- 2. **Schedule Business License Inspection**
 - Building Inspection (Community Development Department: 229-776-8505)
 - Fire Code & safety Inspection (Sylvester Fire Department: 229-776-8511)
 - Other: _____
- 3. Once All Inspections are **Complete and Location is Approved**, the Business License is ready to be issued
- 4. Pay for and Pickup **Business License Certificate** at Community Development Department
- 5. **Open for Business**



OCCUPATIONAL TAX CERTIFICATE APPLICATION

Date of Application: _____ New Business Change of Ownership

Business Owner: _____
(A copy of your driver's license or some form of ID is required)

Address: _____ Contact Number: _____

Ownership Type: Sole Proprietor Association Corporation LLC Other

Fed ID or SSN# _____ Georgia Sales Tax Number: _____

Number of Employees: _____ E-Verify Number: _____

Will your business have any coin operated machines? Yes No (If yes, request a copy of Ordinance)

DBA: _____ Days/Hours of Operation: _____

Business Location: _____

City _____ State _____ Zip Code _____ Phone: _____

Name of Contact person: _____

Describe type of business: _____

Business Email Address: _____

Business Mailing Address: _____

City _____ State _____ Zip Code _____ Phone _____

List all officers in the business (President, Vice-president, Secretary, etc)

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

NOTICE:

Applicant hereby affirms by signature that all of the above information is true and correct and also understands that the issuance of a business license in the City of Sylvester is contingent on the proposed business confirming to all applicable Zoning Ordinances and Building Codes, both city and state.

Applicant Signature: _____

Title with this Company: _____

FOR OFFICE USE ONLY APPROVED DENIED

PROPOSED TYPE OF BUSINESS: Regular Business Rural Business At Home Occupation BPO Other

Comments: _____

Authorized Signature _____ Date _____



SYLVESTER – WORTH COUNTY E-911

204 E Franklin St. Suite 6

Sylvester, GA 31791

Fax: 229-776-8242

Local Businesses

Emergency Contact Information

(Please return to the address above)

Date: _____

Name of Business: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Number (_____) _____

Key Holder(s):

1. Name: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____

Home Phone: _____ Cell Phone: _____

911 Center Use Only:

Date Received: _____

Date Entered in Computer: _____



O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for **Circle One** [*Occupation Tax Certificate, Regulatory Permit, Alcohol License, Tax Permit*], or other public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Sylvester, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1) _____ I am a United States Citizen. (***Include front copy of driver’s license***)
- 2) _____ I am a legal permanent resident of the United States. (***Include front & back copy of permanent resident card***)
- 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. (***Include front & back copy of resident card***)
 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 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 § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

E-VERIFY REGISTRATION CAN BE ACCESSED THROUGH:

<http://www.dhs.gov/e-verify>



Private Employer Affidavit of Compliance 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:

Name of Employer/ Business

I employ more than 10 employees and have registered with E-Verify as required by law.

E-Verify/Federal Work Authorization User Identification Number

Date of Authorization

I do not employ more than 10 employees and are exempt from registering with E-Verify.

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

Executed on _____, _____, 202__ 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 _____, 202 _____

NOTARY PUBLIC

My Commission Expires: _____