



City of East Point
Community Development
Business License Division

1526 E. Forrest Avenue, Suite 100
East Point, GA 30344
www.eastpointcity.org

November 26, 2018

Dear Business Owner:

Your current business license(s) expires on December 31, 2018. You are required to complete the entire license renewal process as outlined below for tax year 2019 no later than March 31, 2019. Please read and follow the instructions below carefully.

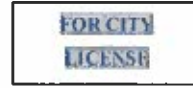
Renew your 2019 Occupation/Business Tax in 3 easy steps:

1. Please complete **all spaces** on the enclosed form providing a complete description of the type of business activity conducted at your location. Please be sure to include a copy of your 2018 State Tax Return or if you prefer, complete the State Income Tax Return Waiver on the reverse side of the 2019 renewal application. Be sure to include gross revenue totals and number of employees. **(Gross receipt calculations are now capped at three million dollars.)** If you the business owner run the business solely, then you are to report one (1) employee. **Documents that are not signed and notarized are considered incomplete. Mail the completed documents to Planning & Zoning by the filing deadline. No faxed or emailed renewal applications will be accepted! *Deadline for filing your application is February 1, 2019. (No fees are due on this date only the documents.)* Businesses which also require federal, state, or county licenses (restaurants, hair salons, nail salons, contractors, physicians, dentists, used car dealers, etc.) should include updated copies of those documents with your application.**
2. Upon receipt of your returned documents, the Department will calculate your renewal fees based upon the information provided. An invoice for your renewal fees will be mailed to you on or by *March 1, 2019*.
3. Please mail **the invoice with payment** to the Planning and Community Development offices by ***March 31, 2019***. ***Late payments will be assessed additional interest and penalty fees.*** Your 2019 license will be mailed promptly to you upon receipt of payment.

Christopher Swain
Occupation/Business Tax Coordinator
cswain@eastpointcity.org



Department of Planning & Community Development
Business License & Occupational Tax Division
@ Jefferson Station



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2019 RENEWAL OCCUPATION / BUSINESS TAX APPLICATION

Please complete ALL sections. Occupational Tax will be based on information supplied on this application.

Location of Business _____

Name of Business _____

Name Change If Yes, Please Provide Previous Name of Business _____

Mailing Address _____

Number and Street (room, apt. or suite no.) City State Zip

Contractor ? Yes No Federal Tax ID Number _____ E-verify Number _____

TYPE OF OWNERSHIP (Check One) Sole Proprietor Partnership Corporation Limited Liability Corp. Other (Specify) _____

Type of Business _____ Check here if business is in a residence

Business telephone number: _____ Emergency telephone number: _____

Name & Address of Owner _____

*Email Address _____ Driver's License Number & State _____

All businesses, persons, firms or corporations are required to report gross receipts and its total number of employees based on the number of full time equivalent positions (40 hours per week) for the twelve (12) month period preceding the application for occupation tax renewal. Every two (2) part-time employees is equivalent to one (1) full-time employee.

Gross Receipts \$ _____ Total number of Employees (including business owner) _____

Practitioners of Professions shown below may elect to pay \$400.00 in lieu of paying a tax on gross receipts. Practitioners are still required to pay a \$75.00 administrative fee and a per employee fee. If you are eligible, and if you and all members of your firm elect to pay the per practitioner tax this year, check below and you will be charged accordingly.

I ELECT TO PAY A FLAT TAX IN LIEU OF REPORTING GROSS RECEIPTS AND PAYING A TAX BASED ON GROSS RECEIPTS

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Architects | <input type="checkbox"/> Funeral Directors | <input type="checkbox"/> Motor vehicle dealers | <input type="checkbox"/> Practitioners of physiotherapy |
| <input type="checkbox"/> Chiropractors | <input type="checkbox"/> Land Surveyors | <input type="checkbox"/> Optometrists | <input type="checkbox"/> Psychologists |
| <input type="checkbox"/> Civil, mechanical, hydraulic or electrical engineers | <input type="checkbox"/> Landscape Architects | <input type="checkbox"/> Osteopaths | <input type="checkbox"/> Public accountants |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Lawyers | <input type="checkbox"/> Physicians | <input type="checkbox"/> Veterinarians |
| <input type="checkbox"/> Embalmers | <input type="checkbox"/> Marriage/Family Therapists | <input type="checkbox"/> Podiatrists | |

STATE OF GEORGIA
COUNTY OF FULTON

AFFIDAVIT

IMPORTANT - READ CAREFULLY MUST BE NOTARIZED

I hereby make application for a renewal of an Occupation Tax Certificate for the City of East Point. I do hereby swear or affirm the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of East Point pursuant to O.C.G.A. 16-10-20.

I understand that any falsification, misrepresentation, omission or misstatement of material facts will result in:

- Denial or revocation of my occupation tax application to conduct business in the City of East Point.
- Prosecution for the offense of False Swearing (Georgia Code, 1981, S16-10-72), a felony punishable by a maximum fine of \$1,000 plus imprisonment for not less than one (1) nor more than five (5) years, or both.

Applicant Name (Print) _____

Signature of Applicant _____ Date Signed _____

Before me personally appeared the above named applicant who says that he/she executed the above statement of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this _____ day of _____, _____

Notary Public Signature _____

Commission Expires _____

(SEAL)

State Income Tax Return Waiver

Name of Business _____

Type of Business _____ Check here if business is in residence

Name of Applicant _____

Location of Business _____

Mailing Address _____

Number and Street (room, apt. or suite no.) City State Zip

Number and Street (room, apt. or suite no.) City State Zip

Business telephone number: _____ Emergency telephone number: _____

Cellular telephone number: _____ Business Fax: _____

Email Address _____ Website: _____

Gross Receipts and Number of Employees from previous calendar year

Gross Receipts \$ _____

Number of Employees (at least one, includes owner/operator) # _____

The City reserves the right, under penalty of perjury, to conduct periodic audits of any business license holder to determine the accuracy of the information upon which the business license is based.

Previous year state tax returns are not included herein. The above information with regard to gross receipts and number of employees is true and accurate to the best of my knowledge. I understand that failure to provide accurate information will result in the revocation of all permits associated with this business.

I do not regard the submission of state tax returns as necessary being relevant to the City of East Point in its consideration of any petition to acquire a business license. I stipulate that such information shall not be relevant to the City of East Point in its deliberations or to any in its review of my application.

Applicant Name (Print)

Signature of Applicant

Date Signed

Before me personally appeared the above named applicant who says that he/she executed the above statement of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this _____ day of _____, _____

Notary Signature

Commission Expires

INTRODUCTION

Welcome to E-Verify! Using E-Verify is an important step in ensuring that your company has a legal workforce by electronically confirming the information on Form I-9, Employment Eligibility Verification, referred to hereafter as Form I-9. This guide is designed to assist you throughout the E-Verify enrollment and user registration process.

E-Verify is an Internet-based system operated by the U.S. Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees and/or employees assigned to a covered federal contract.

E-Verify is a voluntary program for most employers, but mandatory for some, such as employers with federal contracts or subcontracts that contain the Federal Acquisition Regulation (FAR) E-Verify clause and employers in certain states that have legislation that mandates the use of E-Verify for some or all employers.

NOTE: E-Verify cannot provide you with guidance on state or local laws that require your participation in E-Verify. For help, you should contact the appropriate state officials, or you may also be able to receive assistance through a local Chamber of Commerce.

Apart from any state or local law that requires participation in E-Verify, employers are fully responsible for complying with sections 274A (which addresses the requirements of the Form I-9 process) and 274B (which addresses unfair immigration-related employment practices) of the Immigration and Nationality Act. If employers fail to comply with either, then they may be subject to penalties.

Participation in E-Verify requires you to follow program rules, which include a responsibility to treat your employees in a fair and non-discriminatory manner. Your employees also have specific rights associated with your participation in E-Verify.

Company Enrollment

Before you can start using E-Verify, you need to enroll your company. The term 'company' means any U.S. business, corporation, non-profit organization or government agency that is required to complete Form I-9.

Before you enroll, ensure that your company is not already enrolled in E-Verify. It is important that you do not enroll your company multiple times. If you attempt to enroll a company that is already enrolled in E-Verify, your enrollment will be delayed. Contact E-Verify Customer Support at 888-464-4218 for assistance or questions in determining your company's enrollment status.

Companies may use E-Verify through an access method determined during the enrollment process. The four access methods include: employer, E-Verify employer agent, corporate administrator and Web services. The access methods are explained in the 'Access Method - Overview.'

NOTE: For more information on corporate administrators, refer to 'Appendix A: Corporate Administrator Access.'

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

By executing this affidavit under oath, as an applicant for a(n) _____
[*business license, occupational tax certificate, or other document required to operate a business*]
as referenced in O.C.G.A. § 36-60-6(d), from _____
[*name of county or municipal corporation*], the undersigned applicant representing the private
employer known as _____ [printed name of
private employer] verifies one of the following with respect to my application for the above
mentioned document:

1. **Only fill out this section if the current date is on or before June 30, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

2. **Only fill out this section if the current date is on or after July 1, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

3. **The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

Federal Work Authorization User Identification Number

Date of Authorization

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 the ___ date of _____, 201___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:
