



*Flowerly Branch*

## Occupational Tax Renewal Application

*(July 1, 2024, to June 30, 2025)*

Date: \_\_\_\_\_ Please check one:  Mail (If mailed, please add \$1.25 for postage)  Pick-up

Corporation Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: Please choose one:  Corporation  LLC  Partnership  Sole Proprietor

Business Address: \_\_\_\_\_

**(Cannot be Post Office Box)**

**Mailing address:** \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Owner/Partner Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Owner/Partner Address: \_\_\_\_\_ Manager Address: \_\_\_\_\_

Owner/Partner Phone: \_\_\_\_\_ Manager Phone: \_\_\_\_\_

Owner/Partner Cell: \_\_\_\_\_ Manager Cell: \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

Manager Email Address: \_\_\_\_\_

Sales Tax ID Number: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

Description of Business: \_\_\_\_\_

No. of Full-time Employees: \_\_\_\_\_ No. of Part-time Employees: \_\_\_\_\_

**(Owner counts as 1)**

**10 or more employees E-Verify # (required)** \_\_\_\_\_

**Affidavit Verifying Status for City Public Benefit / Private Employer  
Affidavit (Signed and Notarized with copy of ID)  
Copy of State License (OCGA 36-60-6(a) (If applicable)  
Fire Inspection Report and a Health Inspection for Restaurants  
SEE REVERSE FOR REQUIRED SIGNATURE**

Renewal License Fee: \$ \_\_\_\_\_

Administration Fee: \$ 5.00

Postage Fee if mailed \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

**Any person who knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or the government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or imprisonment of not less than one nor more than five years, or both. O.C.G.A. § 16-10-20**

I have read and understand the above statement of the law and by signing my name below I attest that all the information contained in this **Occupational Tax Application Form** is true and correct to the best of my knowledge.

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**Signature** **Date**

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**Printed Name** **Title**

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**Notary Public \*** **Commission Expires**

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See below for the cost breakdown for your Flowery Branch Occupational Tax plus \$5 Administration Fee. **NOTE: If the renewal payment is not received by June 30<sup>th</sup> there will be a 1.5% penalty on the total amount due.**

Part Time Employee Computation:

Two (2) part-time employees equal one (1) full-time employee. If you have an odd number of part-time employees, round the number down. For instance, if you have 7 part-time employees round down to 6 and divide by 2. This will equal 3 full-time employees.

Number of Employees	Rate of Tax
1	\$60.00
2-2	\$120.00
3-4	\$180.00
5-7	\$300.00
8-10	\$480.00
11-15	\$649.00
16-20	\$763.00
21-27	\$895.00
28-35	\$1,023.00
36-50	\$1,221.00
51-75	\$1,498.00
76-100	\$1,738.00
101-150	\$2,145.00
151-200	\$2,498.00
201-300	\$3,101.00
301-500	\$4,140.00
501-1000	\$6,378.00
1000+	\$8,703.00

**CITY OF FLOWERY BRANCH**

**AFFIDAVITS VERIFYING STATUS FOR CITY PUBLIC BENEFITS APPLICATION**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a Occupational Tax Certificate, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d): For more information please visit [www.e-verify.gov](http://www.e-verify.gov).

**Name of Business:** \_\_\_\_\_

**SECTION A (Choose one of the following)**

(A) \_\_\_\_\_ **(10 or More Employees)** On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed Ten (10) or more. 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify Number: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

(B) \_\_\_\_\_ **(9 or Less Employees)** On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed less than Ten (10) or fewer employees. **(Exempt from E-Verify Registration)**

**SECTION B (Choose one of the following)**

(A) \_\_\_\_\_ **I am a United States Citizen**  
Please submit a copy of your Secure and Verifiable Document such as (driver's license or passport.)

(B) \_\_\_\_\_ **I am a legal permanent resident, or 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. Please bring copy of your Permanent 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 verifiable document, as required by the O.C.G.A. 50-36-1 (e) (1) with this affidavit.

**In making the above representative under oath, I understand that any person who knowingly and willfully makes 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.**

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

Executed on the \_\_\_ date of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Subscribed and sworn before me on this the**  
\_\_\_\_\_ day \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Notary Public**  
**My Commission Expires:** \_\_\_\_\_