

**Application for City of Keyssville
Occupational Tax Certificate (Business License)**

All questions must be answered completely.

1. **Business Name or Applicant's Name** _____ **Telephone** () _____
Facsimile () _____
2. **Business Address** _____
3. **Mailing Address** _____ **Street** _____ **City** _____ **State** _____ **Zip Code** _____
4. **Address where work will be performed** _____ **Street** _____ **City** _____ **State** _____ **Zip Code** _____
5. Are you taking over an existing business? Yes No If yes, what is the current name? _____
6. Have you held a City of Keyssville license before? Yes No If yes, under what name? _____
7. Federal ID _____ Social Security # _____ Driver's Lic # _____
8. Email Address _____
9. Type of Business _____
10. Date Work is to begin in the City of Keyssville _____ **REQUIRES A PERMIT (see form)**
11. Will Alcohol be served business? Yes _____ No _____ If Yes, **REQUIRES A PERMIT (see form)**
11. Will you have Employees? Yes _____ No _____ If Yes How Many? _____
12. What type of tax year do you operate? Calendar (Jan. 1st-Dec.31st) _____
Fiscal Year _____ Give Dates _____
13. Check Ownership Type: _____ Sole Proprietor _____ Partnership _____ Corporation
_____ Non Profit _____ Other _____
14. Name of Owners _____ Phone No () _____
_____ Phone No () _____
15. If a Corporation, list officers _____ Phone No () _____
and Titles: (or Partnership) _____ Phone No () _____
16. Contact Person for Tax Info. _____ Phone No () _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinance governing this type of work will be complied with whether specified herein or not. The granting of a license does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction.

Signature of Applicant

Title

Date

Make Check Payable To: City of Keyville		Regular/General Business	
Mail Application and Check to: City of Keyville P.O. Box 159 Keyville, Ga. 30815 If you have any questions please call (706) 706.547.3007 Business Hours: Mon, Tues, Thurs, Friday, 9 a.m. -5p.m. Wednesday 9am-12pm §112.04 Occupation Tax Levied (B)	Employees	Amount Due	Check one
	0-2	\$75.00	_____
	3-10	\$125.00	_____
	11-20	\$225.00	_____
	21-30	\$325.00	_____
	31-40	\$425.00	_____
	43 & Over	\$500.00	_____
	Administrative Fee Upon Issuance of License 15.00		
Nursing Home	\$625.00 _____	Transient Insurance Permit	\$15.00 _____
Personal Care Home	\$475.00 _____	Application for Alcoholic Beverages License (see form)	

FOR OFFICIAL USE ONLY

Account # _____	Ent. Type _____
Fee _____	Fiscal Year End _____
Number of Employees _____	

E-Verify and Private Employers

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

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:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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: _____