



**MORGAN COUNTY PLANNING AND DEVELOPMENT**

Post Office Box 1357  
150 East Washington Street, Suite 200  
Madison, Georgia 30650  
(706) 342-4373 Office (706) 343-6455 Fax

New Business: Return application, notarized Immigration affidavit, and E-Verify Information  
Renewal: Return application, and E-Verify information by December 31st  
Return to: Morgan County Planning and Development  
150 E. Washington Street, Suite 200, Madison, Georgia 30650

OFFICE USE ONLY	
Zoning	_____
License #	_____
Tax Map and Parcel	_____
Amount Paid	\$ _____
Payment type	_____
Issued by:	_____
Date	_____
NAICS CODE	_____

**Occupational Tax Application**

**1. BUSINESS NAME:**

**2. BUSINESS MAILING ADDRESS:**

**3. BUSINESS LOCATION ADDRESS:**

**4. TELEPHONE #:**

**5. NAME, TITLE, AND ADDRESS OF OWNER & APPLICANT:**

**OWNER NAME:**

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

**APPLICANT NAME/TITLE:** \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

**6. DESCRIBE TYPE OF BUSINESS:**

**7. OCCUPATIONAL TAX INVOICE (cash or check only)**

Your occupational Tax is based on the following:

Administrative fee	\$40.00
Business owner	\$10.00
Employees _____ X \$10	\$ _____
Total due:	\$ <input type="text"/>

**8. TYPE OF BUSINESS**

- HOME OFFICE                       COMMERCIAL LOCATION  
 INDUSTRIAL LOCATION

**9. TYPE OF OWNERSHIP**

- SOLE OWNER                       CORPORATION  
 PARTNERSHIP                       LLC

**10. TYPE OF REGISTRATION**

- NEW                      DATE BUSINESS OPENED \_\_\_\_\_  
 RENEWAL  
 OUT OF BUSINESS                      CLOSED DATE \_\_\_\_\_

**11. FEDERAL TAX I.D. OR SOCIAL SECURITY#:**

**12. STATE LICENSE # (IF APPLICABLE):**

**13. STATE SALES USE TAX # (IF APPLICABLE):**

**14. E-VERIFY # (IF APPLICABLE):**

14. I certify that all information given, including the figures given as a basis for taxation, is true and correct to the best of my knowledge, and that records shall be made available for inspection, as specified in Sec. 66-29 of the Morgan County Code. I understand that the issuance of an Occupation Tax Certificate does not indicate conformity with Morgan County Ordinances and it is my responsibility to conform with all ordinances. Morgan County expressly reserves the right to enforce any and all ordinances, regardless of payment.

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

- INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
- COMPLETE IMMIGRATION AFFIDAVIT FOR NEW APPLICANTS/ NEW BUSINESSES
- INCLUDE COPIES OF ALL APPLICABLE STATE LICENSING
- COMPLETE E-VERIFY IF MORE THAN 10 FULLTIME EMPLOYEES; IF THERE ARE LESS THAN 10 EMPLOYEES COMPLETE (NOTARIZE) E-VERIFY EXEMPTION FORM
- CASH OR CHECK PAYMENT DUE AT TIME OF APPLICATION
- PLEASE MAKE CHECK PAYABLE TO: MORGAN COUNTY



# Georgia Security and Immigration Compliance Act Applicant Benefit Affidavit

Applicant: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

By executing this affidavit under oath, as an applicant for an **Occupation Tax Certificate**, as referenced in O.C.G.A. § 50-36-1, from the Morgan County Board of Commissioners, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- 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.

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.

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.

This document was executed in Madison, Georgia.

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

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

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

### Official Use Only

The secure and verifiable document provided with this affidavit can best be classified as:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> U.S. Passport                 | <input type="checkbox"/> U.S. Passport Card        | <input type="checkbox"/> U.S Military ID               |
| <input type="checkbox"/> U.S Driver's License*         | <input type="checkbox"/> Tribal ID Card            | <input type="checkbox"/> U.S. Permanent Resident Card  |
| <input type="checkbox"/> Alien Registration Card       | <input type="checkbox"/> Foreign Gov. Passport     | <input type="checkbox"/> Employment Authorization Card |
| <input type="checkbox"/> Merchant Mariner Card         | <input type="checkbox"/> Free & Secure Trade Card  | <input type="checkbox"/> Nexus Card                    |
| <input type="checkbox"/> SENTRI Card                   | <input type="checkbox"/> Canadian Driver's License | <input type="checkbox"/> Certificate of Citizenship    |
| <input type="checkbox"/> Certificate of Naturalization | <input type="checkbox"/> Matricula Consular ID     | <input type="checkbox"/> Copy of Document Attached     |

\*Note: A driver's license from Alaska, Idaho, Illinois, New Jersey, New Mexico, New York, Rhode Island, Utah and Washington is not a verifiable document. Maryland and Massachusetts are pending.

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_



## MORGAN COUNTY PLANNING AND DEVELOPMENT

150 East Washington Street, Suite 200  
P.O. Box 1357  
Madison, Georgia 30650  
(706)342-4373 Office · (706)343-6455 Fax

### 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.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt 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 Authorized Officer or Agent

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.