OCCUPATIONAL TAX RETURN

CITY OF MORROW
1500 MORROW RD
MORROW, GA 30260

CITY OF MORROW USE
ACCOUNT #
NAICS
SIC
TAX CLASS

MUST BE COMPLETED & RETURNED PRIOR TO:

PLEASE PRINT LEGIBLY

1. MAILING NAME & ADDRESS

2. CHECK ONE

_____RENEWAL
_____NEW
_____AMENDED
_____CLOSED_____(DATE)

CHECK ONE

_____CORP
_____LLC
_____HOME OCC
_____PROFESSIONAL

3. GROSS RECEIPTS

NEW BUSINESS: Estimate gross from opening date through Dec. 31st $_____

RENEWALS: Enter gross receipts for year just ending, this amount will be used as an estimate for upcoming year. An adjustment for previous year will be made on your bill. $_____

PRACTITIONERS OF PROFESSIONS: (Doctors, Attorneys, Dentists, etc.) may elect to pay $485 per practitioner in lieu of reporting gross receipts. Check here if taking this flat fee option. _____

NUMBER OF EMPLOYEES: Enter number of employees at Morrow job site. _____

4. DOMINANT LINE OF BUSINESS:

_____

5. EMAIL ADDRESS:

_____

6. I (name) _____
being the (title)_____
of the business firm names, do hereby register and apply for an Occupation Tax Certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete.

_____
SIGNATURE DATE

7. BUSINESS NAME & LOCATION

8. PHONE NUMBER AT THIS LOCATION

9. OWNERS, PARTNERS, OFFICERS, ETC

Name _____
Home Address _____
Phone # _____
Drivers lic #_____
Title _____
_____
Name _____
Home Address _____
Phone # _____
Drivers lic #_____
Title _____
_____

10. BUSINESS NAME & ADDRESS CHANGE

☐ No change

_____
_____
_____

11. MAILING NAME & ADDRESS CHANGE

☐ No change

_____
_____
_____

CITY OF MORROW USE ONLY	
Processed	_____
Paid	_____

CITY OF MORROW

Home Occupation Permit Application

I, _____ of _____
(name) (address)

do hereby apply for a Home Occupation Business Certificate (License) for the purpose of

_____
(type of business)

to be operated under the name of _____

Describe in detail how business will be conducted (use separate sheet if necessary).

_____

_____

I certify that I have read and understand the City Code of Ordinances, See 9-5-I through 9-5-18, and if my application is approved I will comply with these sections and pay a fee in accordance with the Occupation Tax Ordinance. _____
(signature)

_____ _____ _____ _____
(date) (phone) (rent) (own)

****

If renting, approval letter from owner attached

****

E-Verify Affidavit
Occupational Tax Certificate/Business License

By executing this affidavit under oath, as an applicant for an occupational tax certificate as referenced in O.C.G.A. 36-60-6 (d), from the City of Morrow, the undersigned application representing the private employer known as (print) _____ verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section on or after July 1, 2013
   (a)____On January 1st of the below signed year the individual, firm or corporation employed more than ten (10) employees.
   (b)____On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 1(a), please fill out Section below.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provision and deadlines established In O.C.G.A. 36-60-6. The undersigned private employer attests that its federal work authorization user identification number and date of authorization are listed below:

Federal Work Authorization User ID Number Date of Authorization

_____ _____

In making the above representation under oath, l 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.

Signature:

_____

Print:_____

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____Day of _____, 20____

_____ Notary Public

Affidavit Verifying Status for Public Benefit

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate as referenced in O.C.G.A. 50-36-1, from the City of Morrow, Georgia, the undersigned applicant verifies one of the following with respect to my application for this public benefit:

1) ____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued b y 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. 50-76-1 (e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be 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.CG,A 16-10-20, and face criminal penalties as allowed by such criminal statute.

Signature of Applicant_____ Date_____

Printed Name:_____
Subscribed and sworn before me
on this the _____ Day of _____ 20_____

_____ Notary Public

*Note: O.CG.A. 50-36-1 requires that aliens under the Federal Immigration and Nationality Act, Title 8 U S.C, as amended provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number.

State of Georgia

Department of Revenue

1800 Century Boulevard
Atlanta, GA 30345

Official Addendum to Business Occupancy License Application

Name of Business (Legal Name of Trade Name):
Mailing Address If Different From Physical Address:
Actual Physical Address of Each Location of Business if Different From Mailing Address:
Sales Tax ID #, if Your Business is Required by Law to Have One
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

City of Morrow

AFFIDAVIT FOR SANITATION

I, (print name)_____ am the company Representative.

I affirm to take care of sanitation as follows (check one):

____ Set-up sanitation with City of Morrow

____ My Landlord (Name)_____ covers sanitation

____Other (Explain)_____

_____ (*Initial*) I understand that using an unauthorized dumpster is a violation of the City's Code of Ordinances.

Signature: _____ Date: _____

(PRINT NAME)_____

FOR OFFICE USE ONLY

Public Works Signature:_____ Date: _____