



Occupation Tax Certificate (Business License) Application

For New Businesses that will have a physical/street location inside the City Limits of Springfield, Georgia

*** For Office Use Only ***

Clerk: Received: _____ Amt. Paid: _____ Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Card Approval #: _____ If Council approval is required: Was this approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date: _____	ZONING DEPARTMENT PARCEL #: _____ R-1 R-2 R-3 R-4 B-1 I-1 DT PUD RO Is Use Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Is Use Prohibited: <input type="checkbox"/> Yes <input type="checkbox"/> No Is P&Z Recommendation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Council Approval Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ Date: _____	CITY MANAGER <input type="checkbox"/> Approved to Issue BL <input type="checkbox"/> Send to Planning & Zoning <input type="checkbox"/> Send to Mayor & Council Initials: _____ Date: _____
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We will be happy to assist you. Please let us know if you have any questions during the application process, need assistance, or if you are unsure if the physical/street location for the new business is located "inside" or "outside" the city limits of Springfield. Simply ask to speak with the City Clerk or call our office at 912-754-7617.

Please Complete Application in Full

Business Name: _____

Business Description: _____

Business Physical/Street Address: _____

Business Mailing Address (If different from above): _____

Business Phone #: _____ Business Website: _____

Business OR Personal Email Address: _____

Applicant/Business Owner Name(s): _____

Are you the owner of the property where this business is to be located? YES NO – Please attach copy of lease agreement

Is a state certification required for the type of business to be conducted: YES – Certification #: _____ NO

Applicant Home Mailing Address: _____

Applicant Cell Phone #: _____ Alternate Contact #: _____

Is this application for a Home Occupation (a business operating out of a residential dwelling)?

Yes – Please submit Home Occupation application fee of \$100 with the application NO – Application fee does not apply

Number of Employees (including business owner): _____ Full-Time _____ Part-Time

 APPLICANT SIGNATURE

 DATE

The applicant will be contacted after the application reviewal process. Payment, based on below fee schedule, is not necessary at the time the application is submitted but is required prior to issuance of Occupation Tax (Business License). The below fee schedule also applies to Home Occupations and is payable upon approval.

FEE SCHEDULE – BASED ON NUMBER OF EMPLOYEES INCLUDING OWNER/MANAGER

<u>Number</u>	<u>Fee</u>	<u>Number</u>	<u>Fee</u>	<u>Number</u>	<u>Fee</u>
0 – 3	\$ 90	10 – 19	\$220	30 – 39	\$420
4 – 9	\$120	20 – 29	\$320	40 Plus	\$520

New Businesses opened after June 30th will be prorated at half the normal fee

BUSINESS NAME: _____

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

By executing this affidavit under oath, as an applicant for Occupational Tax (Business License), as referenced in O.C.G.A. § 36-60-6(d), from the City of Springfield, the undersigned applicant representing the private employer known as _____
(Name of the business, individual, firm, or corporation)

Verifies one of the following with respect to application for Occupational Tax (Business License):

1. Select one option below:

- A.** ___ On January 1st of the below signed year the business, individual, firm, or corporation employed ten (10) or more employees.
- B.** ___ On January 1st of the below signed year the business, individual, firm, or corporation employed fewer than ten (10) employees.

IF EMPLOYER SELECTED OPTION "A" PLEASE FILL OUT SECTION 2 BELOW.

2. The employer has registered with and utilizes and 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:

E-verify Number (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 _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer of Agent

Subscribed and sworn before me on this ____ day of _____, 20__.

Notary Public

My Commission Expires

For more information on E-verify:
www.dhs.gov/E-verify

****Note**** A City of Springfield Notary will notarize this Affidavit for you, at no charge, so long as you provide your photo identification and sign this Affidavit in front of the notary.



SPRINGFIELD POLICE DEPARTMENT

Emergency Contact Numbers

NAME OF BUSINESS _____

BUSINESS LOCATION _____

BUSINESS PHONE NUMBER _____

OWNER OF BUSINESS _____

HOME PHONE _____

HOME ADDRESS _____

DO YOU HAVE AN ALARM SYSTEM? (Circle Answer) YES NO

NAME OF ALARM COMPANY _____

NAME AND PHONE NUMBER OF FIRST PERSON TO CONTACT _____

NAME AND PHONE NUMBER OF SECOND PERSON TO CONTACT _____
