

<u>Business Information for RENEWAL</u>	<u>Emergency Contact Information</u>
Business Name: _____	Name: _____
Mailing Address: _____ _____	Street Address: _____ _____
Business Phone Number: _____	Phone Number: _____
Business Description: _____	Alternate Phone Number: _____
Street Address of Business: _____ _____	
Owner/Manager Name: _____	
Personal Phone Number: _____	
Number of Employees Including Yourself: _____	
Name of Owner of this Building: _____	
Email Address: _____	

Number of Employees INCLUDING Owner/Manager	
0 - 3	\$90
4 - 9	\$120
10 - 19	\$220
20 - 29	\$320
30 - 39	\$420
40 Plus	\$520

Signature of Applicant

Date

Do Not Write Below This Line. This Information is for Office Use Only

Amount Paid: _____

Cash

Check # _____

Credit Card

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

By executing this affidavit under oath, as an applicant for Occupational Taxes (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 _____

^ Print Name of Business on line above ^

verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section if the current date is on or after July 1, 2013. Select Only One.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 2 below.*

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

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

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 _____, 201___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 201___.

NOTARY PUBLIC

My Commission Expires:
