

**CRISP COUNTY, GA OCCUPATIONAL TAX CERTIFICATE OR  
REGULATORY PERMIT  
REQUIRED DOCUMENTAION**

**BUSINESS TYPE & FORMS**

**DOCUMENT REQUIRED & CONTACT INFORMATION**

<b>Affidavit Private Employer</b>	Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
<b>Immigration Mandates for Local Government</b>	Immigration Mandates for Local Government O.C.G.A. § 50-36-1(e) (2) Affidavit
<b>Federal Employer Identification Number</b>	Internal Revenue Service <a href="https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers">https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers</a>
<b>Proof of Liability Insurance</b>	Certificate of Insurance from Insurance Agent Coverage \$100,000 for small businesses and \$300,000 for General Contractor
<b>Grocery &amp; Convenience Stores</b>	Inspection Permit – GA Department of Agriculture <a href="http://agr.georgia.gov/licenses.aspx">http://agr.georgia.gov/licenses.aspx</a> Phone 229-386-3489
<b>Home Office</b>	Certification of receipt of Home and/or residential office ordinance
<b>Pest Control &amp; Lawn Spraying Including Round Up Applications</b>	Pesticide Applicator License – GA Dept. of Agriculture Pesticide Division -404-657-8378
<b>GA State Regulated Businesses Trades/Professionals (Includes Residential Basic or Light Commercial Contractors)</b>	State of Georgia License –GA Sec of State Licensing Board – PH 478-207-2440 <a href="http://www.sos.state.ga.us/plb">www.sos.state.ga.us/plb</a> Current GA license for each specific Profession

In order to speed the application process, please submit all the additional and necessary documentation with your application.

When you receive your invoice please make checks payable to:

**Crisp County Board of Commissioners**

We accept Visa, Mastercard, Discover and American Express/for a small fee.

Return Completed Application and documents as required to:

Crisp County Board of Commissioners

Finance Department

210 South 7<sup>th</sup> Street Suite 309

Cordele, Georgia 31015

Phone# 229-276-2673 Fax# 229-276-2639

[crispfinac@crispcounty.com](mailto:crispfinac@crispcounty.com)

# BUSINESS OCCUPATION TAX and/or REGULATORY FEE APPLICATION

County of Crisp, State of Georgia  
210 South 7th Street Room 309 Cordale, Georgia 31015  
phone: 229-276-2673 fax: 229-276-2639

Please type or print:

Year: **Filing Period April 1 to June 30** Penalty for failure to file and pay by: **June 30**

Business Name:	Business Location:
Business Mailing Address:	Business Start Date:
	Telephone Number(s):
Dominant Line of Business or Business Description:	Fax No:
	State Sales Tax Number:
	State License Number (if applicable): <i>attach copy</i>
Identify additional lines of Business at this location, if any:	Expiration Date:
	<b>FEIN:</b>

Complete the following for all owners/officers (attach additional sheets if necessary):

Name/Title:	Driver's License No.:	
Address:		
DOB:	Race:	Gender:

Name/Title:	Driver's License No.:	
Address:		
DOB:	Race:	Gender:

Type of ownership:	Type of Business:	Key Contact Person:
Sole Proprietor <input type="checkbox"/>	General <input type="checkbox"/>	Name:
Partnership <input type="checkbox"/>	Manufacturing <input type="checkbox"/>	Title:
Corporation <input type="checkbox"/>	Professional <input type="checkbox"/>	Phone:
Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	Fax:

Select one (1) of the following:

## 1) GENERAL BUSINESS RENEWALS:

Previous Year GROSS RECEIPTS (in whole dollars): \_\_\_\_\_

## 2) NEW BUSINESS: (first application)

Est. Current Year Gross Receipts (in whole dollars): \_\_\_\_\_

## 3) PROFESSIONAL: (as classified in O.C.G.A. 48-13-9)

I/We elect to pay \$400 per professional practitioner.  
NUMBER OF PROFESSIONALS AT THIS LOCATION: \_\_\_\_\_

I/We elect to be covered under Gross Receipts.  
(Complete 1 or 2 above)

## 4) BUSINESS NOT LOCATED IN CRISP CO., GA:

Located and licensed in (City/County and State): \_\_\_\_\_  
(attach copy of current occupation tax license)

I certify that the figures and information given as basis for taxation are true and correct to the best of my knowledge, and that records shall be available for inspections as specified in the Occupational Tax and Regulatory Fee Ordinance of Crisp County, Ga.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

RETURN THIS APPLICATION ALONG WITH SIGNED AND NOTORZIED AFFIDAVIT TO THE ABOVE ADDRESS  
You will be invoiced for amount due upon review/approval of completed application.

GOVERNMENT USE ONLY

NAICS #

Zoning Classification:

Tax Class:

Processed by:

In compliance  Does not comply

**Crisp County E-Verify Private Employer Affidavit**  
This form is required by the State of Georgia & Crisp County

Instructions: Complete Section 1 OR Section 2 as applicable. All applicants must complete Section 3.

**1. E-Verify Private Employer Affidavit of Compliance Pursuant to O.C.G.A. 36-60-6(6)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes 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. 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
**Federal Work Authorization User Identification Number**

\_\_\_\_\_  
**Date of Authorization**

\_\_\_\_\_  
**Printed Name of Private Employer**

**Number of Employees for entire Organization as of January 1st (circle one)**

**500+                      100+                      11+                      \*reporting requirement date**  
**\*1/01/2012                \* 7/01/2012                \* 7/01/2013**

**2. E-Verify 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 fewer than eleven employees and therefore it 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. 13-10-90.

\_\_\_\_\_  
**Printed Name of Exempt Private Employer**

**3. Affidavit**

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

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

\_\_\_\_\_  
**NOTARY PUBLIC/SEAL**

\_\_\_\_\_  
**My Commission Expires**

**Crisp County Public Benefit Application**

**O.C.G.A. 50-36-1(e)(2) Affidavit Verifying Status for County Public Benefits**

**\*\*This form is required for ALL Licenses/Permits by State Law. Please note that all applicants who fail to submit this Affidavit must be reported by law to the Department of Community Affairs\*\***

By executing this affidavit under oath, as an applicant for a Crisp County, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or any other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Crisp County Business (Circle one):

- 1. *Occupation Tax Certificate*
- 2. *Alcohol License*
- 3. *Taxi Permit*
- 4. *Other Public Benefit:* \_\_\_\_\_

For: \_\_\_\_\_

*Print name of natural person applying for or on behalf of individual, business, corporation, partnership or other private entity.*

- 1) \_\_\_\_\_ I am a United States citizen.  
**(Must include copy of either current State Driver's License, Passport or Military ID)**
- 2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States\*.  
**(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)**
- 3) \_\_\_\_\_ 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\*  
**(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)**

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 Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
*Printed Name*

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

\_\_\_\_\_  
*Date*

\* \_\_\_\_\_  
*Alien Registration Number for non-citizens*

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

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_ (seal)

\*Note: O.C.G.A. § 50-36-1(e)(2) 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. Qualified aliens that do not have an alien registration number may supply another identifying number : \* \_\_\_\_\_