



Thomson-McDuffie County, Georgia  
**MCDUFFIE COUNTY PLANNING COMMISSION**  
210 RAILROAD STREET, SUITE 1544, THOMSON, GA 30824  
PHONE 706-595-2128, FAX 706-595-4204  
[Rhonda.Crawford@thomson-mcduffie.gov](mailto:Rhonda.Crawford@thomson-mcduffie.gov)

## Occupational Tax Certificate (A/K/A Business License) Application

Notes: The term Occupational Tax Certificate and Business License shall have the same meaning.

Date: \_\_\_\_\_

License Number #: \_\_\_\_\_

**\*For Office Use Only.**

**\*For Office Use Only:** COUNTY:

CITY:

FIRE FEE: \_\_\_\_\_

**A COPY OF THE OWNER'S DRIVER LICENSE FRONT & BACK MUST BE ATTACHED TO APPLICATION.**

**PLEASE PRINT CLEARLY**

**(IF APPLICATION IS NOT LEGIBLE, YOUR PAPERWORK WILL NOT BE PROCESSED.)**

### Section A: Business Information

Business Name: \_\_\_\_\_ DBA \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Business Description: \_\_\_\_\_

**\*You are required to list in detail all services and product types rendered.**

Business Location: [ ] Commercial/Business Lot [ ] In/At Home [ ] Mobile/Door-To-Door

**\*Check only one**

Parcel ID Number: \_\_\_\_\_ **(For Office Use Only)**

Business Address: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
**\*If different from "Street Address" above. If same, indicate "same".**

Business Phone Number: \_\_\_\_\_

Ga. Sales Tax Number (For Retail Sales Only): \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

E-Verify Number: \_\_\_\_\_

**Section B-1:**

Business Owner's Name: \_\_\_\_\_

Owner's (Home) Address: \_\_\_\_\_  
City State ZipOwner's Mailing Address: \_\_\_\_\_  
City State Zip

Owner's Personal Email Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Business Manager's Name: \_\_\_\_\_

**Section B-2:****Notes: If same as "business owner" information above - indicate "Same As B-1."**Applicant is: ☐ Owner ☐ Manager ☐ Employee ☐ Other: \_\_\_\_\_  
\*Check only one.Applicant's Name: \_\_\_\_\_  
\*Only one Name. (First) (Middle Initial) (Last)Applicant's Home Address: \_\_\_\_\_  
City State Zip

Personal Email Address: \_\_\_\_\_

Applicant's Home Phone Number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

**Section B-3:****THIS SECTION MUST BE COMPLETED:**

Property Owner's Name: \_\_\_\_\_

Property Owner's (Home) Address: \_\_\_\_\_  
City State ZipProperty Owner's Mailing Address: \_\_\_\_\_  
City State Zip

Property Owner's Personal Email Address: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

**Section C:**Do you have more than one office or business location in McDuffie County? ☐ Yes ☐ NoHave business licenses been issued for any of those locations? ☐ Yes ☐ No**Section D:****Professions Requiring State Certification (OCGA Title 43- - )****"X" Any and all that apply to your profession, or to the type of business being conducted. employees. [OCGA 48-13-10(g)]. If State Certification is required you MUST bring in copy of certificate.**

<input type="checkbox"/> <b>*Accountant 3-6</b>	<input type="checkbox"/> Driving Instructor/School 13-6	<input type="checkbox"/> Massage Therapist 36-30-6	<input type="checkbox"/> Psychologist 39-6
<input type="checkbox"/> <b>*Architect 4-11</b>	<input type="checkbox"/> DUI School 13-6	<input type="checkbox"/> Motor Vehicle Racetrack 25-2	<input type="checkbox"/> Real Estate Appraiser 39A-7
<input type="checkbox"/> Athlete Agent 4A-4.1	<input type="checkbox"/> Elect, Plumbing, HVAC 14-8	<input type="checkbox"/> Nurse 26-7	<input type="checkbox"/> Real Estate Broker/Sales 39A-7
<input type="checkbox"/> Athletic Trainer 5-7	<input type="checkbox"/> <b>*Engineer 15-9</b>	<input type="checkbox"/> Nursing Home Administrator 27-6	<input type="checkbox"/> Registered Nurses
<input type="checkbox"/> <b>*Attorney</b>	<input type="checkbox"/> <b>*Family Therapist 10A-7</b>	<input type="checkbox"/> Occupational Therapist 28-8	<input type="checkbox"/> Res. and Gen. Contractors
<input type="checkbox"/> Auctioneer 6-9	<input type="checkbox"/> Firearms Dealer 16-2	<input type="checkbox"/> <b>*Optometrist/Optician 29-7</b>	<input type="checkbox"/> Security Agencies 38
<input type="checkbox"/> Audiologist 44-7	<input type="checkbox"/> Foresters	<input type="checkbox"/> Pest Control 45-9	<input type="checkbox"/> <b>*Social Worker 10A-7</b>
<input type="checkbox"/> Barber 7-11	<input type="checkbox"/> <b>*Funeral Dir./Embalming 18-40</b>	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Speech Pathologist 44-7
<input type="checkbox"/> Building Contractor	<input type="checkbox"/> Geologist 19-10	<input type="checkbox"/> <b>*Physical Therapist 33-11</b>	<input type="checkbox"/> Used Motor Vehicle/Parts Dealer
<input type="checkbox"/> <b>*Chiropractor 9-7</b>	<input type="checkbox"/> Hearing Aid Dealer 20-7	<input type="checkbox"/> <b>*Physicians 34+</b>	<input type="checkbox"/> <b>*Veterinarian 50-30</b>
<input type="checkbox"/> Cosmetologist 10-8	<input type="checkbox"/> <b>*Landscape Architect 23-5</b>	<input type="checkbox"/> Podiatrist 35	<input type="checkbox"/> Water/Waste Water Treatment 51
<input type="checkbox"/> Counselor (Professional) 10A-7	<input type="checkbox"/> <b>*Land Surveyor 15-12</b>	<input type="checkbox"/> Practical Nurse 26-7	<input type="checkbox"/> Scrap Metal Dealers
<input type="checkbox"/> <b>*Dentist 11-40/Dental Hygienist 11-70</b>	<input type="checkbox"/> Librarians 24	<input type="checkbox"/> Private Detective 38-6	
<input type="checkbox"/> Dietician 11A-8	<input type="checkbox"/> <b>*Marriage Therapist 10A-7</b>	<input type="checkbox"/> Professional Counselor 10A-7	

**Section E:****Occupational Tax (Business License) Fee**

Notes: Occupational tax fees in McDuffie County are based on the greatest number of full-time and part-time employees that worked for the business the previous calendar year. Part-time employees are converted to equivalent full-time employees by adding the working hours of all part-time employees for the calendar year, then dividing the hours by 2,080 to determine the number of equivalent annual full-time employees. If you are a new business, your fee will be based on an estimate of greatest number of employees during the opening year.

**Fee Declaration: (Check Only One).****Section E-1**

Enter below the greatest number of full-time and part-time employees in your business at anytime during the past year, or, if a new business, the highest anticipated number of employees you will have this year. Please include all owner(s) in the full-time employees count.

☐ Declared Number of Employees: Full –Time \_\_\_\_\_ Part –Time \_\_\_\_\_

☐ Professional flat fee of \$275 for each professional at the business.

**If you “X” one of the professions in Section D which has an asterisk “\*” you, as the “professional”, are permitted to choose either of the business license fee schedules: Declared Number of Employees or Professional Flat Fee.**

**Section F:****Acknowledgements**

(Initial Below)

\_\_\_\_\_ I acknowledge that business licenses are business type specific. Example - If a clothing store closes, and reopens as a jewelry store (at the same location), a new business license must be obtained.

\_\_\_\_\_ I acknowledge that business licenses are site/location specific. Example - If the business moves from one location to another, you must obtain a new license.

\_\_\_\_\_ I acknowledge that, to the best of my knowledge, the business complies with all McDuffie County requirements including, but not limited to, any health permits, bonds, certificates, licensing, zoning approvals, and the like; and that failure to obtain, maintain, and comply with any of the above may result in the revocation of the business license.

\_\_\_\_\_ In order to safeguard property, employees, and the general public, upon prior notice by county or state officials, the structure housing the business may be inspected for compliance with any or all applicable codes and ordinances, and that any violations will be corrected prior to issuance of a business license.

\_\_\_\_\_ I acknowledge that the business will cooperate with McDuffie County in all matters for the purpose of obtaining a business license.

As an authorized representative of the business I hereby warrant that I fully understand the information requested and/or stated above, and that the information submitted herein is true and factual to the best of my knowledge. I further understand that giving false information on this application or to any county representative or designee shall constitute grounds for revocation of the business license.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section G:**

**For Office Use Only:**

<input type="checkbox"/> Planning/Zoning Department:	Yes ____ No ____ Signature:	_____
		Jason Smith 706-595-7288)
<input type="checkbox"/> McDuffie County Health Department:	Yes ____ No ____ Signature:	_____
		Health Department (706-595-1740)
<input type="checkbox"/> Code Enforcement:	Yes ____ No ____ Signature:	_____
		City: Jerry Pitman (706-597-7339)
		County: Craig Wildi (706-597-7282)
<input type="checkbox"/> All Property Taxes Paid:	Yes ____ No ____ Signature:	_____
		McDuffie Tax Com. (706-595-2132)
<input type="checkbox"/> Commercial Fire Inspection:	Yes ____ No ____ Signature:	_____
		Sammy Purvis (706-699-8260)
<input type="checkbox"/> Certificate of Occupancy Inspection:	Yes ____ No ____ Signature:	_____
Life Safety Inspection	Yes ____ No ____	_____
		Wes Swinson (706-595-5355)
		Wes Swinson (706-595-5355)
<input type="checkbox"/> McDuffie County Sheriff's Department:	Yes ____ No ____ Signature:	_____
		McDuffie County Sheriff's Department (706-595-2040)
<input type="checkbox"/> Thomson's Police Department:	Yes ____ No ____ Signature:	_____
		Thomson's Police Department (706-595-2166)

**Affidavit  
Citizenship/Immigration Status  
[Pursuant to Georgia state law O.C.G.A. § 50-36-1(e)(2)]**

By executing this affidavit under oath, as an applicant for a business license (a/k/a Occupational Tax Certificate) from McDuffie County, Georgia, the undersigned applicant confirms one of the following with respect to his/her application for a business license:

**Check (✓) only one:**

**As the business owner:**

- 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 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 confirms that he or she is 18 years of age or older and has provided with this affidavit a secure and verifiable document as proof of his/her citizenship status, as required by O.C.G.A. § 50-36-1(e)(1).

The document provided indicating citizenship status is the following: **Check Only One:**

☐ Driver's License    ☐ U.S. Passport    ☐ Military I.D.    ☐ "Green Card"

☐ Other: \_\_\_\_\_

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 shall be subject to criminal penalties as allowed by such criminal statute.

Executed on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

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

\_\_\_\_\_  
Business Name

SUBSCRIBED AND SWORN BEFORE ME, THIS:

THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**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 less than five hundred (500) employees and therefore, 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 deadline established in O.C.G.A. § 13-10-90.

**Please Check Only One:**

**Section 1.**

(A) \_\_\_\_\_ On January 1 of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

**\*\*\*If you select Section 1, (A), please fill out Section 2 & 3 and have it notarized.**

(B) \_\_\_\_\_ On January 1 of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employee.

**\*\*\*If you select Section 1, (B), please fill out Section 3 and have it notarized.**

**Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

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

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

.....  
**Section 3.**

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

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

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

\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

## FOR OFFICE USE ONLY

### **Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize THOMSON POLICE DEPARTMENT to conduct an inquiry for  
Agency/Company

the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for \_\_\_\_\_ days from date of signature.

☐ I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Individual (Pur E and U Only)

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: THOMSON POLICE DEPARTMENT / Wanting Agency Telephone: (706) 595-2166

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date

Revised March 2019