



Thomson-McDuffie County, Georgia
MCDUFFIE COUNTY PLANNING COMMISSION
210 RAILROAD STREET, SUITE 1544, THOMSON, GA 30824
PHONE 706-595-2128, FAX 706-595-4204
Chase.beggs@thomson-mcduffie.gov & 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:

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): _____

Section B-1:

Business Owner's Name: _____

Owner's (Home) Address: _____
City State Zip

Owner'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 Zip

Property 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 No

Have 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"/> *Accountant 3-6	<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"/> *Architect 4-11	<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 checked="" type="checkbox"/> *Engineer 15-9	<input type="checkbox"/> Nursing Home Administrator 27-6	<input type="checkbox"/> Registered Nurses
<input checked="" type="checkbox"/> *Attorney	<input checked="" type="checkbox"/> *Family Therapist 10A-7	<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 checked="" type="checkbox"/> *Optometrist/Optician 29-7	<input type="checkbox"/> Security Agencies 38
<input type="checkbox"/> Audiologist 44-7	<input type="checkbox"/> Foresters	<input type="checkbox"/> Pest Control 45-9	<input checked="" type="checkbox"/> *Social Worker 10A-7
<input type="checkbox"/> Barber 7-11	<input checked="" type="checkbox"/> *Funeral Dir./Embalming 18-40	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Speech Pathologist 44-7
<input type="checkbox"/> Building Contractor	<input type="checkbox"/> Geologist 19-10	<input checked="" type="checkbox"/> *Physical Therapist 33-11	<input type="checkbox"/> Used Motor Vehicle/Parts Dealer
<input checked="" type="checkbox"/> *Chiropractor 9-7	<input type="checkbox"/> Hearing Aid Dealer 20-7	<input checked="" type="checkbox"/> *Physicians 34+	<input checked="" type="checkbox"/> *Veterinarian 50-30
<input type="checkbox"/> Cosmetologist 10-8	<input checked="" type="checkbox"/> *Landscape Architect 23-5	<input type="checkbox"/> Podiatrist 35	<input type="checkbox"/> Water/Waste Water Treatment 51
<input type="checkbox"/> Counselor (Professional) 10A-7	<input checked="" type="checkbox"/> *Land Surveyor 15-12	<input type="checkbox"/> Practical Nurse 26-7	<input type="checkbox"/> Scrap Metal Dealers
<input checked="" type="checkbox"/> *Dentist 11-40/Dental Hygienist 11-70	<input type="checkbox"/> Librarians 24	<input type="checkbox"/> Private Detective 38-6	
<input type="checkbox"/> Dietician 11A-8	<input checked="" type="checkbox"/> *Marriage Therapist 10A-7	<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:

[X] Planning/Zoning Department: Yes ___ No ___ Signature: _____
Planning & Zoning (706-595-7288)

[] McDuffie County Health Department: Yes ___ No ___ Signature: _____
Health Department (706-595-1740)

[X] All Property Taxes Paid: Yes ___ No ___ Signature: _____
McDuffie Tax Com. (706-595-2132)

[] Commercial Fire Inspection: Yes ___ No ___ Signature: _____
Sammy Purvis (706-597-7426)

[] Commercial Building Inspection: Yes ___ No ___ Signature: _____
Wes Swinson (706-595-5355)

[] McDuffie County Sheriff's Department: Yes ___ No ___ Signature: _____
McDuffie County Sheriff's
Department (706-595-2040)

[] 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. § 13-1090.

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	
	E - Employment
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children
	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
	J - Civilian Criminal Justice Employment (State & Ill Info Received)
	Z - Sworn Criminal Justice Employment (State & Ill Info Received)

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

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	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