

PO Box 830900
 Birmingham, AL 35283-0900



Notice for 2019 Powder Springs Regulatory Fee Renewal Notice

Toll Free Phone: (800) 556-7274
 Toll Free Fax: (844) 528-6529

Email: businesslicensesupport@avenuinsights.com
 Website: www.avenuinsights.com

Business License Renewal
 PO Box 830900
 Birmingham, AL 35283-0900

Avenu Account No.:

Dear Sir or Madam:

Internal jur code: 1562

Powder Springs has partnered with Avenu Insight & Analytics for assistance in the collection of its regulatory license fees. The Regulatory Fee is valid January 1 through December 31. Online filing is going soon. Please include your account number on your payment remittance and corresponding documentation. PAYMENT DUE BY JANUARY 1, 2018. A penalty of 10% plus 1.5% per month or portion thereof that the renewal fee is late will be assessed after March 1, 2018.

Questions? All questions regarding the payment of your business occupational tax should be directed to Avenu.

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.

Your Initials	Renewal Checklist Items
	Section A Background information in Section A must be submitted annually. Complete Section A (see reverse side).
	Section B Are you a U.S. Citizen? If not, you must complete Section C (see enclosed).
	Section C Closed? You must complete Section B if your business has closed (see reverse side).

Regulatory Service	[x] Mark the appropriate service(s)	Fee	Regulatory Fee Due
562111.00 Garbage Collector		\$75.00	\$
488410.00 Wrecker Service		\$110.00	\$
485310.00 Vehicle for Hire		\$110.00	\$
812990.00 Bail Bondsman		\$110.00	\$
713120.00 Game Room		\$100.00	\$
453310.00 Antique Mall		\$1,500.00	\$
Total Regulatory Fee Due			\$
Make Check Payable to "Tax Trust Account"			

I hereby make application for a renewal of my regulatory business license with the for the City of Powder Springs. I, as a duly authorized agent of the company, do hereby swear or affirm the information provided herein is true, complete and accurate to the best of my knowledge. I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I understand that the City of Powder Springs reserves the right to enforce any and all ordinances regardless of payment of fee and further that it is my / our responsibility to conform to said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I certify that I will maintain adequate and accurate records for audit purposes and acknowledge that audits may be performed at any time by personnel from the Community Development Department. Renewal forms should be submitted with the annual license fee in person or by mail to the Community Development office no later than January first of each calendar year.

 APPLICANT SIGNATURE

 APPLICANT PRINTED NAME

 DATE

 EMAIL

 PHONE

 TITLE

Name of Business: _____

Avenu Account No. _____

SECTION A: Please provide the following information regarding your business in the City of Powder Springs:

Physical Location: _____

Primary Contact Name: _____ Phone Number: _____

Email address: _____ SS# or EIN: _____

State Professional License (copy required annually if it applies): _____ NAICS: _____ # of Employees: _____
www.naics.com

SECTION B: Affidavit Certifying Closed Business

Name of Business: _____ **Phone #:** _____

This business closed operations during the calendar year on _____ (date).

Notary Stamp

Applicant Signature _____ Applicant Printed Name _____ Phone _____ Date _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS DAY _____ Signature of Notary _____ My Commission Expires _____

NOTES

1. Name, address and telephone number of applicants are public information and therefore subject to disclosure under the open records law.
2. CREDITS - Applicants seeking a credit shall submit tax returns for the previous five (5) years.
3. Practitioners of professions as described in O.C.G.A. 48-13-9 shall elect their occupation tax based on gross receipts as set forth above, or a fee of \$400.00 per practitioner who is licensed to provide the service and shall not be required to provide information relating to gross receipts of the business or practitioner. This election is to be made on an annual basis and must be done by MARCH 01 of each year.
4. Effect of delinquencies on licenses. The city shall refuse to issue, extend or renew, and may revoke, any occupational tax certificate and/or registration and any business license or licenses applied for or held by any person, firm or entity owing any amount to the city for delinquent city taxes, penalties, interest, costs or other charges thereon.
5. Information will be provided to the Georgia Department of Revenue, including failure or refusal to provide all information.

Submit to: Avenu Insights & Analytics • Business License Renewal • PO Box 830900 • Birmingham, AL 35283-0900
Toll Free Phone: (800) 556-7274 • Toll Free Fax: (844) 528-6529 • Email: businesslicensesupport@avenuinsights.com
Website: www.avenuinsights.com • Online Filing: [Coming Soon!](#)

Name of Business: _____

Avenu Account No. _____

****REQUIRED****

Affidavit Verifying Status of Benefit Applicant

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in Powder Springs providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Powder Springs:

Select one of the below.

_____ I am a United States citizen 18 years of age or older;

_____ I am a legal permanent resident 18 years of age or older;

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is _____.

The undersigned applicant also hereby verifies that he or she has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____
(Please enclose legible copy of document with Affidavit.)

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.

Executed in _____ (city), _____ (state).

Signature of Applicant Printed Name Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20_____.

My Commission Expires: _____

NOTARY PUBLIC

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

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, **stating affirmatively that the individual, firm or corporation 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 Name of Private Employer

If your business employs less than ten (10) employees, please check this box and sign below.

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

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 of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20_____.

My Commission Expires: _____

NOTARY PUBLIC