

*****IMPORTANT*****

All **NEW business certificate applicants must apply for their certificate at the City of Richmond Hill City Hall.**

**The fee for your certificate is based on the type of business you are conducting.
Please review the Richmond Hill fee schedule for the fees due.**

**CITY OF RICHMOND HILL, GA
NEW APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE
NEW APPLICANTS MUST APPLY AT THE RICHMOND HILL CITY HALL.**



CERTIFICATE YEAR _____

1. Legal Business Name _____ DBA (Doing Business As) _____
2. Physical Address of Business (NO PO BOX) _____ City, State, Zip _____
3. Business Telephone Number _____ Fax Number _____
4. Business Mailing Address _____ City, State, Zip _____
5. Type of Ownership _____ GA Corporation _____ Foreign Corporation _____ Sole Owner _____ Partnership _____ Other _____
6. List Names of Owner(s), Partners, or Officers (Attach Separate Sheets if Necessary)

<u>Name</u>	<u>Date of Birth</u>	<u>Phone Number</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>

7. Contact Person & Title _____ Contact Phone _____ Contact Email Address _____
8. Federal ID _____ Sales Tax ID _____
9. Date business commenced in incorporated City of Richmond Hill, GA _____ Number of Employees _____
10. Does this business require a State of Georgia license? Yes No If yes, provide expiration date _____
11. Provide description of primary business activity: _____
12. Is this a Home Occupation Business? Yes or No If yes, you must complete the "Home Business Affidavit".

*****In order for your certificate to be issued, submit the following documentation with your application and payment:**

- IF applicable, submit a copy of your State of Georgia license.
- IF you are a convenience store, submit a copy of the latest Dept. of Agriculture license.
- IF you are a restaurant, submit a copy of your current Health Dept Inspection Grade Certificate.
- IF you are engaged in a profession or business required to be licensed by the state under Title 43, you must provide evidence of such licensure to the City of Richmond Hill.
- IF you are a Home Occupation Business, you are required to complete and return the Home Occupation Affidavit.
- ALL applicants must submit the "Affidavit Verifying Status of Benefit Applicant". This document must be notarized.
- ALL applicants must submit the "Private Employer Affidavit". This document must be notarized.
- ALL applicants must submit a secure and verifiable document. For a full list of acceptable documents please visit the Attorney General of Georgia's website at <http://law.ga.gov>.

The occupation business tax is based on the total gross receipts of the business. Complete the below for computation of fees:

1. Gross Receipts: _____ (-50,000.00) x (_____) rate + (50.00) \$ _____
(Report gross receipts even if under \$50,000, gross receipts under \$50,000 will pay a base fee of \$50.00)

The gross receipts reported must come from your most recent filed IRS Federal Income Tax Return.
The IRS has issued a ruling that a copy of your Federal Income Tax Return may be required to be attached to your Business Occupational Tax Certificate Application. _____ (Must Initial)
2. Professional Practitioners May Elect to pay a flat fee per practitioner instead of based on gross receipts.
Report # of Professional Practitioners _____ X \$400.00 \$ _____
If per practitioner fee is chosen, please submit a separate application for each practitioner.
3. **Subtotal of Fees Due from** (Line 1 or Line 2) \$ _____
4. Penalty of 10% due on April 1st and after \$ _____
5. Interest of 1% due monthly beginning on April 1st \$ _____
6. Administrative fee is due for **ALL** renewals. **\$50.00**
7. **Total Fees Due** (Lines 3 through 6) \$ _____

Financial Institutions minimum business tax due is \$1,000.00.

I hereby swear under penalty of perjury that the information reported on this worksheet is to the best of my knowledge true, correct and complete. I understand that the issuance of the occupational tax certificate does not permit the business to operate unless the business is properly zoned and in compliance with all applicable City of Richmond Hill and State of Georgia ordinances and regulations. I understand that if it is determined that my business certificate requires board certification, I must submit a copy of that board certification along with my renewal. I understand that failure to supply ALL required and or applicable documentation could result in a delay of the issuance of my Business Certificate.

Printed Name: _____ Title: _____ Email: _____
Signed: _____ Date: _____ Phone: _____



Richmond Hill Home Business Affidavit

The term “*Home Business Office*” applies to an office within a dwelling which is secondary to the use of the structure for dwelling purposes. The office may be service or trade workers who customarily work at different locations, such as electricians, plumbers, appraisers, or individuals who work at home, such as writers or computer programmers. Home business (telephone use only) offices are not offices for customer servicing. Customers are prohibited from visiting the office and there may be no signs indicating the presence of such an office on the premises.

The term “*Home Occupation*” applies to an occupation customarily carried on within a home by the owner or spouse of the owner for gain or support, involving the sale of only those articles, products, or services produced on the premises, conducted entirely within a dwelling unit and conducted entirely by persons residing in that dwelling unit, using only that equipment as it customarily found in home and involving no display of articles or products. The floor area normally used to conduct said operation or profession does not exceed 25% of the total floor area of the home. There shall be no change to the exterior of the building or premises. No traffic shall be generated in greater volume than would normally be expected in a residential neighborhood; no mechanical equipment is used or activity is conducted which creates any dust, noise, odor, or electrical disturbance beyond the confines of the lot on which said occupation is conducted. No such business shall be conducted in an accessory building.

**PLEASE COMPLETE THE INFORMATION BELOW REGARDING THE NATURE OF YOUR BUSINESS.
ATTACH ADDITIONAL PAGES IF NECESSARY.**

1. Circle One: Home Business Office *or* Home Occupation
2. Name and address of business: _____
3. Type of business and services offered: _____
4. Will customers come to the home? If yes, frequency. _____
5. Will deliveries be made to the home? If yes, frequency. _____
6. Will you store materials/equipment? If yes, describe. _____
7. Will commercial vehicles be parked at the home? If yes, describe. _____

I HAVE READ AND I FULLY UNDERSTAND THE ABOVE REQUIREMENTS FOR A HOME BUSINESS OFFICE / HOME OCCUPATION AND AGREE TO CONDUCT MY BUSINESS UNDER THESE REQUIREMENTS.

SIGNATURE

DATE



CITY OF RICHMOND HILL-PRIVATE EMPLOYER AFFIDAVIT

****REQUIRED****

Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Richmond Hill, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:

1. Fill out this section after December 1, 2013.

- a) ___ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- b) ___ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).

2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, 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 it's federal work authorization user identification number and date of authorization are 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 statement, 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 by such statute.

Executed on the ____ day of _____, 20____ in _____ (City), _____ (State)

Signature of Authorized Officer or Agent

Business Name

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



**CITY OF RICHMOND HILL
LAWFUL PRESENCE AFFIDAVIT**

Pursuant to O.C.G.A. § 50-36-1, all persons who - either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity - apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. § 50-36-1(a) (3) (A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

- I am a United States citizen, or
- I am a legal Permanent Resident of the United States, or
- I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A. § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

The secure and verifiable document provided with this affidavit can best be classified as:

(Please enclose legible copy of document with Affidavit.)

For a full list of acceptable documents please visit the Attorney General of Georgia's website at <http://law.ga.gov>.

Title *Alien Registration # for Non-citizens _____

Business Name TIN or SSN _____

Applicant must submit a notarized copy of this affidavit.

Notarized this _____ Day of _____, in the State of _____,
County of _____

Notary

Commission Expires

*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 below:

_____ Another Identifying Number