Notice for 2019 South Fulton Occupational License Renewal

Dear Sir or Madam:

South Fulton has partnered with Avenu Insights & Analytics for the collection of their occupational license. The South Fulton Business Tax Resolution mandates that all persons, firms or corporations located or engaged in businesses in South Fulton register their businesses and obtain certificates by paying the required occupational taxes and administrative fees.

Business Occupational Tax Certificates are valid for a calendar year, January 1 through December 31, and must be renewed by March 31st of each year. All certificates shall be assessed a penalty in the amount of ten percent (10%), plus 1.5% interest on the amount owed for each calendar year or portion thereof for taxpayers who fail to file their renewal by March 31st or fail to register and obtain an occupational tax certificate within thirty (30) days of the commencement of business, additional fees may apply.

If you filed last year, please refer to last year's filing to confirm the reported number of employees estimated and the reported gross receipts estimated for the current year. Please use these numbers when calculating this year's total due.

*****IMPORTANT PLEASE READ*****  
*****Additional Documentation Required*****

As Required by O.C.G.A ~ 36-60-6(a): Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented.

If it is determined your occupational license requires board certification, you must submit a copy of that certification along with your renewal. Failure to supply this documentation could result in a delay of the issuance of your certificate.

Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1 through 3): All businesses are now required to complete and return the "Affidavit Verifying Status of Benefit Applicant". This form must be completed in full, signed by an officer of the company, notarized and returned along with your completed renewal worksheet and payment in full. As specified on the Affidavit, you must also provide at least one "secure and verifiable" document with the completed Affidavit. Some examples of a secure and verifiable document are a current state issued ID, driver's license or passport. For a full list of acceptable documents please visit the Avenu website at www.revds.com (Taxpayer → Georgia → Taxpayer Forms) or the Attorney General of Georgia's website at http://law.ga.gov. This application will NOT be processed without a secure and verifiable document as required by Georgia law.

Immigration Legislation (HB87) Passed on April 14, 2011: 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.

Remittance information: Make your check payable to: Tax Trust Account and mail it to Avenu, Business License Department, PO Box 830900 Birmingham, AL 35283-0900.

No longer conducting business in South Fulton? If you are no longer operating a business in South Fulton, please provide the date the business closed and sign where indicated on the Renewal Application.

Has your business relocated? If your business has relocated but is still located in South Fulton, you must complete a new occupation license form. Visit our website for an application.

Change in Ownership? If yes, you must complete a new occupational license form. Visit our website for an application.

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.
**REQUIRED**

Complete both affidavits

Avenu Account: ________ Business Name: _______________________

---

**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 South Fulton 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 South Fulton:

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:

<table>
<thead>
<tr>
<th>User Identification Number</th>
<th>Date of Authorization</th>
<th>Name of Private Employer</th>
</tr>
</thead>
</table>

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

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

---

**FORM REQUIRED*** This form must be completed in full and returned with your Tax Renewal and payment. Failure to return the completed Affidavit Verifying Status of Benefit Applicant, Verifiable and Secure Document, and the Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.
# BUSINESS TAX DIVISION RENEWAL WORKSHEET

Failure to Submit Application, Affidavits, Certifications as needed, and Fees By March 31st of Each Year Will Result in Penalties, Interest and additional fees as applicable.  

Note: **(+ or -) means calculation could be positive or negative**

### TABLE 1: PREVIOUS YEAR CALCULATIONS

<table>
<thead>
<tr>
<th>2019</th>
<th>Complete the below as needed</th>
</tr>
</thead>
</table>
| A. 2018 Actual Gross Receipts  
(If $20,000 or less, put “20,000”) | $                                                                                           |
| a. Sales, Use or Excise Tax | Required: Is your business an adult entertainment establishment (sexually oriented business) as defined by the Municipal Code, or does it offer any form of adult entertainment?  
Yes: _______  
No: _______ |
| b. Inter-organizational Sales | Are you a professional practitioner electing to pay a flat fee of $400 per practitioner? Only professional practitioners described in O.C.G.A. § 48-13-9(c)(1-18) can opt to pay the $400 flat fee.  
# of Practitioners _______ x $400.00 |
| c. Payments to Sub-Contractors or Independent Agents** | Total Due: $                                                                                         |
| d. Out of State Sales | **Payment to sub-contractors or Independent Agents - Individuals or Companies who contribute to the gross receipts of the business. Examples: Salon/Barber Business, Construction Business, etc.** |
| e. Sales Returns and Allowances | Provide name, address, phone and dollar amount on a separate sheet of paper. |
| f. Total Deductions (add a through e) | F. 2018 Actual Employees (At least one)  
G. 2018 Estimated Employees  
H. Employee Adjustment = Line F – Line G (+ or -)  
I. Employee Fee Adjustment = Line H x $13.00 (+ or -)  
J. Total Adjustment = Line E + I (+ or -) |
| B. Subtract Deductions from Actual Gross Receipts (A&F)  
(Total cannot be less than $20,000.00) | $                                                                                           |
| C. 2018 Estimated Gross Receipts |                                                                                             |
| D. Gross Receipts Adjustment = Line B - Line C (+ or -) |                                                                                             |
| E. Tax Adjustment = Line D x Rate (+ or -) |                                                                                             |
| F. 2018 Actual Employees |                                                                                             |
| G. 2018 Estimated Employees |                                                                                             |
| H. Employee Adjustment = Line F – Line G (+ or -) |                                                                                             |
| I. Employee Fee Adjustment = Line H x $13.00 (+ or -) |                                                                                             |
| J. Total Adjustment = Line E + I (+ or -) |                                                                                             |

### TABLE 2: CURRENT YEAR ESTIMATES

| 2020                      | Business Closed or Moved? Complete Table 1 to ensure no additional amount is due. Provide date business closed, sign and return with any additional amount owed.  
Date Closed/Moved: _______ |
|---------------------------|--------------------------------------------------------------------------------------------------|
| 1. 2019 Estimated Gross Receipts  
(If $20,000.00 or less, put “20,000”) | $                                                                                           |
| a. Sales, Use or Excise Tax |                                                                                             |
| b. Inter-organizational Sales |                                                                                             |
| c. Payments to Sub-Contractors or Independent Agents** |                                                                                             |
| d. Out of State Sales |                                                                                             |
| e. Sales Returns and Allowances |                                                                                             |
| f. Total Deductions (add a through e) | 2. Subtract Deductions from Est. Gross Receipts (1&F)  
(Total cannot be less than $20,000.00) | $                                                                                           |
| 3. Standard Deduction | $20,000.00                                                                                     |
| 4. Subtract Line 3 from Line 2 (use 0 if amount negative) |                                                                                             |
| 5. Multiply Line 4 x Rate (+ or -) |                                                                                             |
| 6. Est. Number of Employees x $13.00 (At least one) |                                                                                             |
| 7. Flat Fee | $50.00                                                                                       |
| 8. Administrative Fee | $95.00                                                                                       |
| 9. Previous Year Adjustment (Table 1 Line J) (+ or -) | Return Completed Application with Check or Money Order Made Payable To:  
Tax Trust Account.  
Mail To: Avenu ●BL Dept  
PO Box 830900  
Birmingham, Alabama 35283-0900.  
For assistance call (800)556-7274, or email us at businesslicense@avenuinights.com |
| 10. Subtotal – (Add Lines 5 through 9) |                                                                                             |
| 11. Penalty (10% of Line 10) (If Paid After March 31**) |                                                                                             |
| 12. Interest (1.5% of Line 10 - Per Month) (If Paid After March 31**) |                                                                                             |
| 13. GRAND TOTAL DUE (add Lines 10 -12) | $                                                                                           |

I do solemnly swear that the information on this application is true, correct to the best of the applicant’s knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupational tax certificate issued as a result of this application. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31 and must be renewed annually.

Printed Name _______________________________ Date ______________ Email Address _______________________________

Signature _______________________________ Title _______________________________

Business Name ________________________________________________________________________________________

FEIN ________________________________________________________________________________________________

Failure to return all documentation including board certification and the affidavits can result in a delay of the issuance of the license.