

**WAVERLY HALL, GEORGIA**  
**BUSINESS OCCUPATION TAX APPLICATION**

NEW BUSINESS: DUE BEFORE COMMENCING OPERATIONS  
RENEWAL: DUE ON OR BEFORE March 15, \_\_\_\_\_  
REMIT TO: TOWN OF WAVERLY HALL, GEORGIA  
PO BOX 357  
WAVERLY HALL, GA 31831  
TELEPHONE: (706) 582-2381  
WE ARE LOCATED AT: 9108 Georgia Highway 85, Waverly Hall, GA 31831

**COMPLETE ALL SECTIONS**

FOR GOVERNMENT USE ONLY

ACTIVITY NO. \_\_\_\_\_  
TAX YEAR \_\_\_\_\_  
CUSTOMER NO. \_\_\_\_\_  
CERTIFICATE NO. \_\_\_\_\_  
E-VERIFY # \_\_\_\_\_  
AMOUNT PAID \$ \_\_\_\_\_  
DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_  
CHECK # \_\_\_\_\_ CA \_\_\_\_\_ CC \_\_\_\_\_  
PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_

**Application Date:** \_\_\_\_\_

**1. BUSINESS CORPORATE & "DOING BUSINESS AS" NAME:**

\_\_\_\_\_

**2. BUSINESS TYPE:** \_\_\_ LLC \_\_\_ CORPORATION \_\_\_ PARTNERSHIP (LP or LLP)  
\_\_\_ SOLE PROPRIETOR

**3. TYPE OF REGISTRATION:** \_\_\_ NEW, DATE OPENED \_\_\_\_\_  
\_\_\_ RENEWAL \_\_\_ TERMINATION, DATE CLOSED \_\_\_\_\_

**4. FEDERAL TAX IDENTIFICATION NUMBER:** \_\_\_\_\_

**5. STATE SALES TAX NUMBER:** (IF APPLICABLE) \_\_\_\_\_

**6. IS THE BUSINESS LOCATED IN YOUR HOME?** \_\_\_ YES \_\_\_ NO

**7. ON JANUARY 1, THIS BUSINESS EMPLOYED:**

(A) \_\_\_ 10 OR FEWER EMPLOYEES, I AM EXEMPT FROM E-VERIFY REQUIREMENTS

OR

(B) \_\_\_ MORE THAN 10 EMPLOYEES, MY E-VERIFY NUMBER IS: \_\_\_\_\_

**8. DESCRIBE THE NATURE OF THE BUSINESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. OWNERS AND/OR OFFICERS INFORMATION:**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

Add Additional owner/officers as needed

**10. BUSINESS MAILING INFORMATION: (For all correspondence and billing)**

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**11. BUSINESS PHYSICAL LOCATION INFORMATION: (INCLUDING IN HOME BUSINESSES)**

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**12. STATE LICENSE NUMBER (IF APPLICABLE):**

Each person who is listed by the Secretary of State pursuant to Title 43 of the Official Code of Georgia Annotated shall provide evidence of proper and current state licensure before a Town of Waverly Hall, Georgia certificate may be issued.

LICENSE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

(please attach a copy of license)

**13. OCCUPATION TAX AND ADMINISTRATIVE FEE:**

**Business License Fees**

Number of Employees And Owners	Tax Liability
0— 1	\$ 100.00 + \$5.00 ADM. FEE
2— 4	\$ 150.00 + \$5.00 ADM. FEE
5— 9	\$ 270.00 + \$5.00 ADM. FEE
10—19	\$ 420.00 + \$5.00 ADM. FEE
20—29	\$ 620.00 + \$5.00 ADM. FEE
30—39	\$ 820.00 + \$5.00 ADM. FEE
40—49	\$ 1020.00 + \$5.00 ADM. FEE
50—59	\$ 1220.00 + \$5.00 ADM. FEE
60—69	\$ 1380.00 + \$5.00 ADM. FEE
70—79	\$ 1540.00 + \$5.00 ADM. FEE
80—89	\$ 1700.00 + \$5.00 ADM. FEE
90—99	\$ 1860.00 + \$5.00 ADM. FEE
100 or more	\$ 2020.00 + \$5.00 ADM. FEE

**14. TOTAL NUMBER OF EMPLOYEES** \_\_\_\_\_ **AMOUNT DUE \$** \_\_\_\_\_

**15. PENALTY 10% OF** \_\_\_\_\_ **AMOUNT DUE: \$** \_\_\_\_\_  
(if paid after March 15, 2017 due date)

**16. INTEREST 1.5% PER MONTH:** \_\_\_\_\_ **AMOUNT DUE \$** \_\_\_\_\_  
(if paid after March 15, 2017 due date)

**17. TOTAL OF LINES 14, 15 AND 16** \_\_\_\_\_ **TOTAL DUE \$** \_\_\_\_\_

**18. Before a contractor obtains an Occupation Tax Certificate, he or she shall submit to the Town Clerk of Waverly Hall Georgia, a list of all subcontractors who will be used in construction relating to the certificate.**

\_\_\_\_ ATTACHED    \_\_\_\_ N/A (NOT A CONTRACTOR)

**19. Any business required to obtain health certificates, bonds, certificates of qualification, certificates of competency, or any other regulatory matter shall first, before the issuance of a Waverly Hall Occupation Certificate show evidence of such qualification.**

\_\_\_\_ ATTACHED    \_\_\_\_ NOT APPLICABLE

**20. PLEASE INDICATE THE SOURCE FOR THE NUMBER OF EMPLOYEES AND OWNERS CHECKED ON QUESTION 14:**

\_\_\_\_ Latest filed IRS W-3 Transmittal of Wage and Tax Statement - Block C or the number of electronically filed W-2 forms.

\_\_\_\_ Latest Georgia DOL-4N Form filed for third Quarter ending September - Part II Line 1 of 3 rd month.

\_\_\_\_ Latest filed IRS Schedule C if sole proprietor.

I CERTIFY THAT I HAVE NOT INCLUDED ANY PERSONAL EMPLOYEE SOCIAL SECURITY NUMBERS OR OTHER CONFIDENTIAL INFORMATION AND THAT I HAVE REDACTED ANY SUCH INFORMATION WHERE REQUIRED, AND I TAKE FULL RESPONSIBILITY FOR WHAT I SUBMIT

\_\_\_\_ Copies attached

**21. I certify under oath and under penalty of perjury that the figures given as a basis for taxation are true and correct to the best of my knowledge, and that all records shall be available for inspection by the City Council of Waverly Hall Georgia or it's representative. I further certify that the zoning classification of the property located at the business address above is appropriate zoning to permit the business use at such location and that the building to be used at such business location is, or will be prior to occupancy, in compliance with all building codes applicable to such business. I further certify that where necessary I have obtain all County Health Department permits for my business. I understand that issuance of an Occupation Tax Certificate does not indicate conformity with Town of Waverly Hall, Georgia Ordinances and it is my/our responsibility to conform with all ordinances. The Town of Waverly Hall, Georgia expressly reserves the right to enforce any and all ordinances regardless of payment. I further acknowledge that by giving false information or by making false statements herein that my business occupation license may be revoked by the City Council of Waverly Hall Georgia.**

\_\_\_\_\_  
Authorized Signer (Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature and Date

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_.

\_\_\_\_\_  
**Notary Public, State of Georgia**  
My commission expires: \_\_\_\_\_