

Please complete this application in full and return to:
 City of Springfield * PO Box 1 * 130 S. Laurel St * Springfield, GA 31329
Let us know if you have any questions. We will be happy to assist you



Occupation Tax Certificate (Business License) Application

Business Name: _____

Business Description: _____

Business Physical/Street Address: _____

Business Mailing Address (If different from above): _____

Business Phone #: _____ Business Fax #: _____

Applicant/Business Owner Name(s): _____

Are you the owner of the property where this business is to be located? () Yes () No-Please attach copy of lease agreement

Is a state certification required for the type of business to be conducted? () Yes-Certification #: _____ () No

Applicant Home Mailing Address: _____

Applicant Personal Email: _____

Applicant Cell Phone #: _____ Alternate Contact #: _____

Number of Employees (including business owner): _____ Full-Time _____ Part-Time

 APPLICANT SIGNATURE

 DATE

The applicant will be contacted after the application reviewal process. Payment, based on the below fee schedule, is not necessary at the time the application is submitted but is required before issuance of Occupation Tax (Business License).

FEE SCHEDULE – BASED ON NUMBER OF EMPLOYEES INCLUDING OWNER/MANAGER

<u>Number</u>	<u>Fee</u>	<u>Number</u>	<u>Fee</u>	<u>Number</u>	<u>Fee</u>
0 – 3	\$ 90	10 – 19	\$220	30 – 39	\$420
4 – 9	\$120	20 – 29	\$320	40 Plus	\$520

New Businesses opened after June 30th will be prorated at half the normal fee

**** For Office Use Only ****

<u>ZONING DEPARTMENT</u>				<u>CLERK</u>	Payment Date: _____
Parcel#: _____	Does use require approval? Yes No			Amount Paid: _____	
Parcel Zoned: _____	HOC	SE	CU	VR	Payment Method: () Cash
Is Use Prohibited? Yes No	BZO/CC Meeting Date: _____			() Check # _____	
Initials: _____ Date _____	Approved: Yes No			() Credit Card Approval # _____	Initials: _____

(Print) BUSINESS NAME: _____

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

By executing this affidavit under oath, as an applicant for Occupational Tax (Business License), as referenced in O.C.G.A. § 36-60-6(d), from the City of Springfield, the undersigned applicant representing the private employer known as _____

(Name of the business, individual, firm, or corporation)

Verifies one of the following with respect to application for Occupational Tax (Business License):

1. Select one option below:

A. ___ On January 1st of the below signed year the business, individual, firm, or corporation employed ten (10) or more employees.

B. ___ On January 1st of the below signed year the business, individual, firm, or corporation employed fewer than ten (10) employees.

IF EMPLOYER SELECTED OPTION "A" PLEASE FILL OUT SECTION 2 BELOW.

2. The employer has registered with and utilizes and federal work authorization program 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 its federal work authorization user identification number and date of authorization are as listed below:

E-verify Number (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, 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 allowed by such statute.

Executed on the ____ date of _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer of Agent

Subscribed and sworn before me on this ____ day of

_____, 20____.

Notary Public

My Commission Expires

**For more information on E-verify:
www.dhs.gov/E-verify**

****Note** A City of Springfield Notary will notarize this Affidavit for you, at no charge, so long as you provide your photo identification and sign this Affidavit in front of the notary.**

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an **Occupational License (Business License)**, as referenced in O.C.G.A. § 50-36-1, from **THE CITY OF SPRINGFIELD**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 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 verifies that he or she is 18 years of age or older and 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:

(On the line above: Please enter the name of the secure and verifiable document provided with this 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, and face criminal penalties as allowed by such criminal statute.

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

Signature of Applicant

Printed Name of Applicant

Subscribed and Sworn before me on this
the ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires: _____

****Note** A City of Springfield Notary will notarize this form for you, at no charge, so long as you provide your photo identification and sign this Affidavit in front of the Notary.**

SPRINGFIELD POLICE DEPARTMENT

Emergency Contact Numbers

NAME OF BUSINESS _____

BUSINESS LOCATION _____

BUSINESS PHONE NUMBER _____

OWNER OF BUSINESS _____

HOME PHONE _____

HOME ADDRESS _____

DO YOU HAVE AN ALARM SYSTEM? (Circle Answer) YES NO

NAME OF ALARM COMPANY _____

NAME AND PHONE NUMBER OF FIRST PERSON TO CONTACT _____

NAME AND PHONE NUMBER OF SECOND PERSON TO CONTACT _____

City of Springfield
PO Box 1
Springfield, GA 31329
912-754-7617



Please complete the below information if you wish your business to be listed on the City of Springfield Website. This form may be returned with the application or may be emailed to: jsmithspringfieldga.org

Business Name: _____

Business Street Address: _____

Business Phone Number: _____

Choose one of the below:

Business Email: _____

OR

Business Website: _____

Signature: _____

Date: _____