



CITY OF RINCON

302 S. Columbia Ave • P.O. Box 232 • Rincon, GA 31326
 Phone: (912) 826-5996 • Fax: (912) 826-2083

Commercial Occupational Tax Certificate Checklist

Occupational Tax Certificate Application
SAVE Affidavit (A required form that must be completed)
Verifiable document + (required even for renewals)
Private employer affidavit (A required form that must be completed)
Copy of lease (First page and signature page)
Copy of LLC certificate (if applicable)
Copy of GA Secretary of State professional license (if applicable)

* Examples of verifiable documents: US Passport, Military ID, Driver's License, Tribal ID card or US permanent resident card.

For Restaurants (along with the above documentation you will also need):

Health Department certificate
Grease Trap certification
Fingerprint and background check (for sale of alcohol)
State alcohol license (for sale of alcohol)

For Taxi Drivers (along with the above documentation you will also need):

Copy of insurance
Taxi Driver permit

For Daycare (along with the above documentation you will also need):

Bright from the Start documentation

What is SAVE?

Anyone seeking public benefits from the City must complete a SAVE affidavit. This is required by law, as defined in O.C.G.A. §50-36-1. The affidavit is to verify lawful presence in the United States of anyone applying for a public benefit and that they are entitled to receive the benefit in which they applied.

The person who signs the occupational tax application HAS TO BE the person that signs the SAVE affidavit.

What is E-Verify?

E-verify is a federal web-based system that electronically verifies the employment of newly hired employees. Georgia law, O.C.G.A. § 36-60-6 requires *all* businesses with more than 10 employees that are seeking an occupation tax certificate to sign the private employer affidavit attesting that they are registered for and use E-verify. Businesses with 10 or fewer are required to sign the private employer affidavit attesting that they are exempt from this requirement. **The person who signs the occupational tax application HAS TO BE the person that signs the Private Employer affidavit.**

*A sign permit is required before putting up a sign.

If renovating your building you **MUST check with Building Inspector first to see if a permit needs to be pulled.

You may view our city ordinances on our city website: www.cityofrincon.com



APPROVED: _____

City Of Rincon

302 S. Columbia Ave • P.O. Box 232 • Rincon, GA 31326
Phone: (912) 826-5996 • Fax: (912) 826-2083

OCCUPATIONAL TAX CERTIFICATE APPLICATION

The application must be filled out completely with appropriate documents in order to obtain an Occupation Tax Certificate.

Legal Business Name: _____

Business Name-DBA: _____

Type of Business: _____

Business Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business email: _____

Business Contact Person: _____ Phone: _____

Mailing Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone #: _____

Company Type: ___ Corporation * ___ Limited Liability Partnership * ___ General Partnership *
___ Limited Partnership * ___ Non-Profit * ___ Professional Corporation * ___ Sole Proprietorship * ___ Limited
Liability Company * ___ Professional Limited Liability Company * ___ Limited Liability Partnership

If you are an LLC we will need a copy of your Certificate of Organization from the State.

Describe business activities: _____

Will commercial vehicles be used? _____

If yes, please describe (size, type, location of storage): _____

(Please attach a list of the quantities, types and storage location of any chemicals or hazardous materials that will be used for this Business)

Number of employees (full-time equivalent): _____ (Including self)

Federal ID #/ EIN (Federal IRS Tax ID): _____

GA State Professional License Number: _____ Expiration Date: _____

Other Information if applicable:

Number of coin operated machines: _____ Number of Rental Units (apt, storage, etc.): _____

The undersigned hereby certifies or declares under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct. All information given is subject to verification with the City of Rincon.

Signature: _____ Date: _____

Print Name: _____ Title: _____

APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT

TYPE: NEW • CHANGE INFORMATION / LICENSE: HOME • COMMERCIAL • NON-PROFIT

DATE RECEIVED: _____ / AMOUNT PAID: \$ _____ CHECK • CREDIT CARD • CASH



CITY OF RINCON, GEORGIA
Planning & Development Department
Phone: (912) 826-5996 / Fax: (912) 826-2083
www.cityofrincon.com

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

By executing this affidavit under oath, as an applicant for a (n) 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 Rincon**, the undersigned applicant representing the private employer known as

_____ [printed name of private employer]
verifies one of the following with respect to my application for the above mentioned document:

- (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 below.

The employer has registered with and utilizes the federal work authorization program commonly 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 its federal work authorization user identification number and date of authorization are as 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, 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 ___Rincon___ (city), ___GA___ (state).

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires: _____

This form is required to be completed in order for the application process to be complete



CITY OF RINCON, GEORGIA
 Building and Development Department
 Phone: (912) 826-5996 / Fax: (912) 826-2083
 www.cityofrincon.com

By executing this affidavit under oath, as an applicant for a City of Rincon, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Rincon, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

 [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

1) _____ I am a United States citizen

OR

2) _____ I am a legal resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully make a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date _____

Printed Name: _____

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

* _____

Alien Registration number for non-citizens

 Notary Public
 My 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 provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

*****This form is required to be completed. In order for the application process to be complete a color copy of a verifiable identification must be submitted*****



CITY OF RINCON

302 Columbia Ave • P.O. Box 232 • Rincon, GA 31326
Telephone: (912) 826-5996 • Fax: (912) 826-2083

Business Zoning Approval Form

Primary Use

Secondary Use

Conditional Use

Intended property use: _____

Property address: _____

To be completed by the applicant

To be completed by owner of property, Or a copy of your Lease

Applicants Name: _____	Owners Name: _____
Applicants address: _____	Owners Address: _____
Telephone # _____	Telephone # _____
E-mail Address: _____	E-mail Address: _____
Signature: _____	Signature: _____

Zoning: _____ Parcel Number: _____

Date received

Building Inspector

City Planner