



**CITY OF LOVEJOY
BUSINESS LICENSE/OCCUPATIONAL TAX CERTIFICATE RENEWAL APPLICATION**

ALL information requested below is required to renew your license. Please print or type legibly in blue or black ink.

BUSINESS LICENSE

ALCOHOL LICENSE:

- Beer & Wine Package Sales \$550
- Beer, Wine, & Distilled Liquor Package Sales \$5,000
- Pouring License- Beer Only \$1,250
- Pouring License- Beer & Wine Only \$2,000
- Pouring License- Beer, Wine, & Liquor \$5,000

NAME OF BUSINESS: _____
(LIST AS IT SHOULD APPEAR ON LICENSE)

DBA (If different): _____

YEAR APPLYING FOR: _____ **PREVIOUS YEAR'S LICENSE NO:** _____ **FIRST YEAR OF BUSINESS:** _____

PERSON COMPLETING THIS FORM: _____

BUSINESS OWNER'S NAME (If different): _____

LOCATION OF BUSINESS (Street name & number, Suite No, City, State, Zip): _____

MAILING ADDRESS: (Street name & number, Suite No, City, State, Zip): _____

BUSINESS PHONE NUMBER: _____ **BUSINESS EMAIL ADDRESS:** _____

DATE OF RENEWAL: _____

PLEASE UPDATE ANY INFORMATION THAT WAS NOT LISTED OR MAY HAVE CHANGED SINCE PREVIOUS YEARS' APPLICATION:

TOTAL GROSS RECEIPTS LISTED ON PREVIOUS YEAR'S TAXES: \$ _____ (Estimate if new business)

ADDITIONAL INFORMATION REQUIRED FOR ALL RENEWALS:

- **E-Verify Affidavit:** Completed, signed and notarized
- **Verification of corporation status:** A copy of the most recent filing must be provided by all corporations or LLCs
- **Payment for the correct fee amount:** Cash, Check, Money Order, Or Credit Card | Checks or money orders should be made payable to City of Lovejoy
- **Verification of no delinquent Personal or Property Taxes:** Provided by the Clerk's Office, City Hall

Businesses that require State License: Must provide a copy of a **current** State License | Barbershops, cosmetology, medical, etc.

**If you are unsure as to whether your business requires a state license, please refer to www.sos.ga.gov.*

State License Number: _____ **Expiration Date:** _____

PROFESSIONAL OPTION \$400, IF ALLOWED BY O.C.G.A. | Please check and submit payment if you wish to use your professional option

(Initial) 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 occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. All tax certificates expire December 31st and must be renewed annually.

*****FOR OFFICE USE ONLY*****

TAX CLASS: _____	RATE: _____	ADMIN. FEE: \$ _____	LATE FEE: _____	TOTAL: \$ _____	Received: ____/____/____
PAID: ____/____/____ by _____	PREPARED BY: _____	DATE: _____			
BUSINESS TYPE: _____					
RESTRICTIONS: _____					

Notice Sent: ____/____/____					
Issue Date: ____/____/____					

*Application void if not complete within 30 days after initial date of submission and no contact or activity. New application will be required & all applicable fees assessed.

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application 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):

Section 1. Please check only one:

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

*** If you select Section 1(A), please fill out Section 2 and then execute below.

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

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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 and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.