



We grow business sweeter

**CITY OF BYRON, GEORGIA**

**APPLICATION FOR OCCUPATIONAL TAX LICENSE**

401 Main Street Byron, Georgia 31008

Office 478-956-3600 Fax 478-956-5299

Please submit this application to [elee@byronga.com](mailto:elee@byronga.com)

**\*\*\*IMPORTANT\*\*\***

**Please note that a renewal application must be completed EACH YEAR even if all information remains the same.**

**The Business License Division cannot process incomplete applications.**

**If any items are missing, incomplete or incorrect your application will be returned.**

**A new business application is required if business address or ownership changes.**

**Written notification must be given to the city upon the closing of your business.**

\_\_\_ New  
 \_\_\_ Renewal  
 \_\_\_ Change  
 (choose one)

**SECTION 1: BUSINESS INFORMATION**

Federal Employer Identification # _____	State License Required: ___ Yes ___ No If Yes License Number: _____
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Business Name(DBA): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Physical Address: \_\_\_\_\_ Own or Lease Property \_\_\_\_\_

Leased Locations Please Provide: Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Type of Business: \_\_\_\_\_  
 (Retail please provide merchandise detail)

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_ Total Employees: \_\_\_\_\_

If you have 10 or more Full Time Employees provide E-Verity Number: \_\_\_\_\_

SECTION 2:

CONTACT PERSON AND OWNER'S INFORMATION

Ownership Status:  Sole Owner  Partnership  LLC  Corporation ( please check and complete only one )

**SOLE OWNERSHIP:**

Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PARTNERSHIP: Please provide information for all owners**

Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Co-owner: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**LLC:**

Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**CORPORATION:**

Name of President: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SECTION 3:

CERTIFICATION

Please note: Home occupations are permitted in a completely enclosed building provided that: All business is conducted by phone, including the internet; no customer or commercial traffic at or to the residence is involved; and there are no advertising signs or commercial vehicles at the residence.

\*\*\*\*\*Restaurant owners must submit a copy of Health Permit\*\*\*\*\*

I, the undersigned, do hereby register to operate said business within the City of Byron in accordance with the City of Byron business ordinance. I certify that I am the person duly authorized by the business herein named to file this return, including accompanying affidavit(s). In addition, I certify that all information provided is true and correct.

Business Name: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_ Applicant's Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ EE initials: \_\_\_\_\_ Date sent for approval: \_\_\_\_\_

Department Approval: P&Z \_\_\_\_\_ FD \_\_\_\_\_

ID#: \_\_\_\_\_ License#: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

E-Verify status: \_\_\_\_\_

Please submit this application to [elee@byronga.com](mailto:elee@byronga.com)

**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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

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

(B) \_\_\_\_\_ On January 1<sup>st</sup> 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

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**- 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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
PUBLIC  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup>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.

**Affidavit Verifying Status (O.C.G.A. § 50-36-1(e)(2) Affidavit)**

**Please read carefully before completing**

- Affidavit must be notarized.
- Include a copy of applicant's secure and verifiable identification document. A list of secure and verifiable documents is provided by the Attorney General on the Georgia Department of Law website.

By executing this affidavit under oath, as an applicant for a(n) Business License/Occupation Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Byron, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) [ ] I am a United States citizen. **(Provide state issued identification document (i.e. - driver's license)**
- 2) [ ] I am a legal permanent resident of the United States. **(Provide copy of alien registration document)**
- 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. **(Provide copy of alien registration document)**

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.

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 in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE**

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**Printed Name of Applicant**

**My Commission Expires:** \_\_\_\_\_