

**APPLICATION
 LAMAR COUNTY OCCUPATIONAL TAX & LICENSE
 LAMAR COUNTY ZONING ADMINISTRATION
 408 THOMASTON STREET, SUITE B
 BARNESVILLE, GEORGIA 30204
 PHONE NUMBER: 770-358-5364 FAX NUMBER: 770-358-5821**

BUSINESS NAME: _____ **OWNER:** _____
BUSINESS ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: _____ **DATE ESTABLISHED:** _____
BUSINESS PURPOSE: _____

For all parties engaged in or carrying on business in the unincorporated area of Lamar County, an occupational license tax shall be levied on all businesses and practitioners of professions and occupations with one or more locations and/or offices in the unincorporated area of Lamar County. All businesses with more than 10 employees must submit an Annual Compliance Report on Occupation Taxes (Business Licenses) that includes an E-Verify number (<http://www.dhs.gov/e-verify>).

Using the list below, compute your tax amount.

***Total # of Employees	***Occupational Tax for # of Employees
1-9 (includes Business Owner)	\$50.00
10-99 " "	\$75.00
100-499 " "	\$150.00
500+ " "	\$250.00

Number of Employees: _____ Tax Identification #: _____
 Social Security #: _____

\$ _____ + \$20.00 = \$ _____

License Fee (Admin. Fee) Total Tax Fee Due

LATE FEE: ADD 10% TO "TOTAL TAX FEE DUE" AFTER MARCH 31ST
ADD 15% AFTER APRIL 30TH / ADD 20% AFTER MAY 31ST
ADD 25% AFTER JUNE 30TH

*****Section below to be filled in by Lamar County Tax Office:**

Has applicant filed a current Personal Property Return? Yes No

Tax Assessor's Initials _____

Are all taxes current? Yes No Tax Comm. Initials _____

*****I certify that all information is true and correct.**

 Signature of Applicant Date

NOTE: With your application, please submit the business license fee as you have computed. Upon receipt, your business license will be mailed to you within 7 business days. Please make checks payable to Lamar County. If a state license is required, please enclose a copy. Your business license will not be processed, and business cannot be conducted until proof of holding a required state business license is received.

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. Section 36-60-6, stating affirmatively that the individual, firm or corporation employs ten (10) employees or less and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A Section 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempted Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 201__ in Barnesville, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer/Agent

SUBSCRIBED AND SWORN BEFOR ME ON THIS THE _____ DAY OF _____, 201__.

_____(NOTARY PUBLIC) My Commission Expires: _____