

**APPLICATION FOR LAMAR COUNTY
BUSINESS OCCUPATION TAX AND LICENSE
LAMAR COUNTY PLANNING AND COMMUNITY DEVELOPMENT
408 THOMASTON STREET, SUITE B+
BARNESVILLE, GA 30204
PHONE: 770-358-5364 FAX: 770-358-5821**

BUSINESS NAME: _____ OWNER: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ DATE ESTABLISHED: _____

BUSINESS PURPOSE: _____

For all parties engaged in or carrying on business in the un-incorporated 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 part of the county.

Use the table below to compute your tax amount.

Total # of Employees	Occupational Tax for # of Employees
1	\$100.00
2-9	\$125.00
10-99	\$175.00
100 and over	\$250.00

Number of employees: _____ Tax Identification Number: _____

\$ _____ + \$25.00 = \$ _____
License Fee Admin. Fee Total Tax Due

I certify that all information is true and correct.

Signature of Applicant _____ Date _____

NOTE: SEND WITH YOUR APPLICATION THE BUSINESS LICENSE FEE AS YOU HAVE COMPUTED. UPON RECEIPT OF FEES AND APPLICATION, YOU WILL BE MAILED YOUR BUSINESS LICENSE WITHIN 7 BUSINESS DAYS. PLEASE **MAKE CHECKS PAYABLE TO LAMAR COUNTY BOARD OF COMMISSIONERS.** IF YOU ARE REQUIRED TO HAVE A STATE LICENSE, PLEASE ENCLOSE A COPY. **YOUR BUSINESS LICENSE WILL NOT BE PROCESSED, AND BUSINESS CANNOT BE CONDUCTED, UNTIL PROOF OF HOLDING A REQUIRED STATE LICENSE IS RECEIVED.**

TO BE FILLED IN BY COUNTY PERSONNEL ONLY

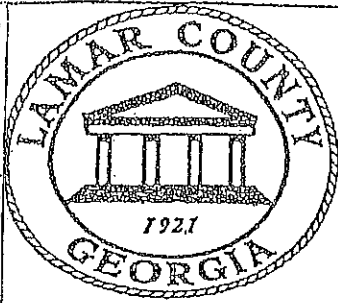
Has Applicant filed a current Personal Property Return? yes no Assessor's Initials _____

Are all taxes current? yes no Tax Commissioner's Initials _____

Does the property meet Life and Safety Codes? yes no Fire Chief's Initials _____

Is the property zoned for this type of business? yes no Zoning Officer's Initials _____

NAICS CODE: _____



STATE OF GEORGIA
Lamar County, GA

PRIVATE EMPLOYER EXEMPTIONS AFFIDAVIT PURUSANT

COMES NOW before me, the undersigned officer duly authorized to administer oaths, the undersigned contractor, who, after being du sworn, states as follows:

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten or less and therefore, 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

FUTHER AFFIANT SAYETH NOT.

BY: Authority Officer or Agent

Date

Company / Contractor Name

Title of Authorized or Agent of Contractor

Printed Name of Authority Officer or Agent

NOTARIZATION REQUIRED:

Sworn to subscriber before me

This _____ day of _____, 20____

Notary Public

My Commission expires: _____

* Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603. As of the effective date of O.C.G.A. § 13-10-91, the applicable federal work authorization program is the "EEV /Basic File Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).