

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.

Using the list below, 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

Everify # _____

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 duly 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, for or corporation employs ten or less and therefore, not required to register with and/or utilized 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 Party

Printed Name of Exempt Private Party

FURTHER AFFIANT SAYETH NOT:

BY: Authority Officer or Agent

Date

Company/Contractor Name

Title of Authorized or Agent of Contractor

Printed Name of Authorized Officer or Agent

NOTORIZATION REQUIRED:
Sworn to subscriber before me

This _____ day of _____ 20 _____

Notary Public

My Commission expires: _____

COMPLETE ONLY IF YOU HAVE 10 OR LESS EMPLOYEES!
*** IF YOU HAVE 10 OR MORE EMPLOYEES PLEASE PUT E-VERIFY NUMBER ON 1ST PAGE.***

*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 (IRA), P.L. 99-603. As of effective date of O.C.G.A. §13-10-91, the applicable federal work authorization program is the "EEV/Basic Pile 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).