

RENEWAL

# CITY OF SNELLVILLE

DEPARTMENT OF PLANNING AND DEVELOPMENT  
2342 OAK ROAD  
SNELLVILLE, GA 30078  
(770) 985-3514  
[www.snellville.org](http://www.snellville.org)



FOR RENEWAL YEAR: _____	<b>OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION</b> BUSINESS LICENSE # _____	FOR CITY USE ONLY FEES DUE _____ PAID _____
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IF NO LONGER IN BUSINESS, PLEASE NOTIFY THE PLANNING DEPT. SO THAT WE CAN MAKE THE BUSINESS INACTIVE FOR OUR RECORDS.

APPLICATION FOR:  NEW BUSINESS  RENEWAL  CHANGE IN OWNERSHIP  ADDRESS / LOCATION CHANGE

CORPORATE NAME: _____		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
BUSINESS NAME (D/BA)	DATE BUSINESS ESTABLISHED: _____	IN CARE OF
FED. ID NO.-	OWNER NAME(S)-	MAILING STREET ADDRESS
LOCAL STREET ADDRESS-		MAILING P.O. BOX
CITY, STATE, ZIP -		CITY, STATE, ZIP

TYPE OF BUSINESS _____	NUMBER OF EMPLOYEES _____
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### LOCAL PHONE NUMBERS

(ONLY FILL IN IF THERE WERE CHANGES)

BUSINESS (____) _____	CONTACT NAME _____
FAX (____) _____	CELLULAR (____) _____
E-MAIL _____	CORPORATE (____) _____

### PROFESSIONAL PRACTITIONERS

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS \_\_\_\_\_ (PROVIDE A COPY OF THE ACTIVE PROFESSIONAL LICENSE FOR EACH PROFESSIONAL)

Certain PRACTITIONERS/ PROFESSIONALS may elect to pay \$300 per practitioner in lieu of reporting and paying a tax on gross receipts. If you are eligible, and if you and all members of your firm elect to pay the flat per-practitioner tax this year, check below and you will be charged accordingly.

\_\_\_\_\_ I ELECT TO PAY A FLAT TAX IN LIEU OF REPORTING GROSS RECEIPTS AND PAYING A TAX BASED ON GROSS RECEIPTS.

PLEASE INDICATE THE NUMBER OF PRACTITIONERS NEXT TO THE APPROPRIATE TYPE OF PROFESSION

- |                    |                               |                                |                                  |
|--------------------|-------------------------------|--------------------------------|----------------------------------|
| _____ Architects   | _____ Engineers (civil, etc.) | _____ Lawyer (Attorney at Law) | _____ Psychologist/Physiotherapy |
| _____ Chiropractor | _____ Funeral Director        | _____ Optometrist              | _____ Public Accountant          |
| _____ Dentist      | _____ Landscape Architect     | _____ Osteopath                | _____ Veterinarian               |
| _____ Embalmer     | _____ Land Surveyor           | _____ Physician                |                                  |

**GROSS RECEIPTS** (Sec. 54-176) *Inspection of records: failure to submit- The City of Snellville reserves the right to inspect the books of any person subject to an Occupation Tax under this article in order to determine the accuracy of the documents and information submitted to the City by a business or practitioner.*

ENTER GROSS RECEIPTS FROM PREVIOUS CALENDAR YEAR. IF BUSINESS CONDUCTED FOR ONLY A PART OF THE PRECEDING YEAR, PART YEAR RECEIPTS MUST BE PRORATED TO FULL YEAR (12 MONTHS). IF NEW BUSINESS, GROSS RECEIPTS PROJECTED FOR CURRENT CALENDAR YEAR (THROUGH DEC. 31<sup>ST</sup>).

\$ \_\_\_\_\_ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS FOR PRECEDING YEAR)

Using the **Occupation Tax Fee Schedule**, match your gross receipts with your class/rate type to find the tax owed. CLASS NUMBER CAN BE LOCATED ON YOUR BUSINESS LICENSE

Tax Amount Due →

I certify that the above information is true and correct, contains no fraudulent information and I further understand that the information I have entered is subject to audit per the City of Snellville Municipal Code- Section 54-176.

→ \_\_\_\_\_  
APPLICANT NAME (PLEASE PRINT)

→ \_\_\_\_\_  
SIGNATURE AND TITLE OF APPLICANT

→ \_\_\_\_\_  
DATE

# OCCUPATION TAX FEE SCHEDULE

## GROSS RECEIPTS BRACKETED CLASSIFICATION SCHEDULE

RANGE BRACKETS		CLASS / RATE						
	At Least	No More Than	1	2	3	4	5	6
A	0	\$25,000	\$40	\$42.50	\$45	\$47.50	\$50	\$52.50
B	\$25,001	\$50,000	\$50	\$55	\$60	\$65	\$70	\$75
C	\$50,001	\$100,000	\$70	\$80	\$90	\$100	\$110	\$120
D	\$100,001	\$250,000	\$130	\$155	\$180	\$205	\$230	\$255
E	\$250,001	\$500,000	\$230	\$280	\$330	\$380	\$430	\$480
F	\$500,001	\$1,000,000	\$430	\$530	\$630	\$730	\$830	\$930
G	\$1,000,001	\$2,000,000	\$830	\$1,030	\$1,230	\$1,430	\$1,630	\$1,830
H	\$2,000,001	\$5,000,000	\$2,030	\$2,530	\$3,030	\$3,530	\$4,030	\$4,530
I	\$5,000,001	\$7,500,000	\$3,030	\$3,780	\$4,530	\$5,280	\$6,030	\$6,780
J	\$7,500,001	\$10,000,000	\$4,030	\$5,030	\$6,030	\$7,030	\$8,030	\$9,030
K	\$10,000,001	\$12,500,000	\$5,030	\$6,280	\$7,530	\$8,780	\$10,030	\$11,280
L	\$12,500,001	\$15,000,000	\$6,030	\$7,530	\$9,030	\$10,530	\$12,030	\$13,530
M	\$15,000,001	\$17,500,000	\$7,030	\$8,780	\$10,530	\$12,280	\$14,030	\$15,780
N	\$17,500,001	\$20,000,000	\$8,030	\$10,030	\$12,030	\$14,030	\$16,030	\$18,030
O	\$20,000,001	\$22,500,000	\$9,030	\$11,280	\$13,530	\$15,780	\$18,030	\$20,280
P	\$22,500,001	\$25,000,000	\$10,030	\$12,530	\$15,030	\$17,530	\$20,030	\$22,530
Q	\$25,000,001	\$27,500,000	\$11,030	\$13,780	\$16,530	\$19,280	\$22,030	\$24,780
R	\$27,500,001	\$30,000,000	\$12,030	\$15,030	\$18,030	\$21,030	\$24,030	\$27,030
S	\$30,000,001	and over	0.040%	0.050%	0.060%	0.070%	0.080%	0.090%

\* If Gross Receipts exceed \$30,000,001, multiply Rate times Gross Receipts for Business Tax Class. Round to nearest dollar. Maximum Tax is \$30,000.

**Professional Practitioners:**

Certain Practitioners of Professions may elect to pay a \$300 per practitioner fee in lieu of paying an occupation tax on gross receipts.

**Penalties:**

Every person(s), corporation or company engaging in a business taxed under this chapter who fails to apply for a license and pay the business and occupation tax by April 1st of any given year shall be assessed a penalty in the amount of 10% of the regular tax at the time of payment or \$25, whichever sum is greater.

**Interest:**

Interest at 1.5% for each month or partial month of delinquency shall also be included.

**Financial Institution and Insurer Fees:**

The minimum annual amount of business license tax for any Depository Financial Institutions shall be \$1,000. The annual amount of business license tax for any Insurer shall be \$75.

**TAX RATES EFFECTIVE JUNE 7, 2007**

# E-VERIFY AFFIDAVIT

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

This form is required by the State of Georgia. Please have it notarized and return it with your completed application.

Number of Employees\_\_\_\_\_

**Only Mark 1 box below:**

More than ten (10) employees.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadline established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and the date of authorization are as follows:

Federal Work Authorization Number: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

-OR-

EXEMPT - Less than (10) employees.

Exempt from O.C.G.A. §36-60-6 - By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with §36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven (11) 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 in O.C.G.A. §13-10-90.

**\*Complete below in front of a Notary Public\***

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

\_\_\_\_\_  
Signature of Authorized Agent or Business Owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Executed on (Today's Date)

Notary:

Subscribed and Sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires



O.C.G.A § 50-36-1(e)(2)



**U. S. CITIZEN / QUALIFIED ALIEN AFFIDAVIT**  
(THIS FORM REQUIRED BY THE STATE OF GEORGIA)

As a result of recent law change, The City of Snellville, Georgia is required to obtain from each person applying for a particular public benefit (including new and renewal licenses) a signed and sworn affidavit verifying his or her lawful presence in the United States that is accompanied by a copy of at least one "secure and verifiable document." By executing this affidavit under oath, as an applicant for: (circle one) Occupation Tax Certificate or Alcohol Beverage License for (business name)

\_\_\_\_\_ as referenced in O.C.G.A. § 50-36-1, from The City of Snellville, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one of the following):

- a. \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Submit a legible front and back copy of your current secure and verifiable document(s) such as driver's license, passport, or other document as indicated on back page.**
- b. \_\_\_\_\_ I am a legal permanent resident of the United States 18 years of age or older.
- c. \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. My **alien number** issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_ (Required).

**Submit a legible front and back copy of one of the following secure and verifiable document(s):**

- U.S. Permanent Resident Card (I-551), or
- Valid Foreign Passport with I-94, or
- Temporary Resident Alien Card (I-688), or
- Employment Authorization Card (I-766 or I-688B), or
- Employment Authorization Document (I-688B), or
- Refugee Travel Document (I-571)

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 as allowed by such criminal statute. Furthermore, the undersigned applicant hereby verifies that applicant has provided at least one secure and verifiable document, as defined by O.C.G.A. § 50-36-2 with this affidavit.

*SWORN TO AND SUBSCRIBED,*

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

\_\_\_\_\_  
Print Name

Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_;

*AFFIX  
SEAL HERE*

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Com. Expires