



CITY OF SNELLVILLE
DEPARTMENT OF PLANNING AND DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3513 (770) 985-3514
www.snellville.org

Renewal

Renewal Year: _____	OCCUPATIONAL TAX COMMERCIAL BUSINESS APPLICATION OCCUPATIONAL TAX # _____	FOR CITY USE ONLY FEES DUE _____ PAID _____
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CORPORATE NAME- _____		
BUSINESS NAME (D/BA) _____		MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)
FED. ID NO.- _____		IN CARE OF _____
OWNER NAME(S)- _____		MAILING STREET ADDRESS _____
LOCAL STREET ADDRESS- _____		MAILING P.O. BOX _____
CITY, STATE, ZIP - _____		CITY, STATE, ZIP _____

NUMBER OF EMPLOYEES ON PAYROLL _____

LOCAL PHONE NUMBERS

PLEASE UPDATE WITH ANY CHANGES

BUSINESS (_____) _____
FAX (_____) _____
E-MAIL _____

CONTACT NAME _____
CELLULAR (_____) _____
CORPORATE (_____) _____

PROFESSIONAL PRACTITIONERS *TYPE MUST BE LISTED TO USE FLAT TAX RATE* PROVIDE COPIES OF STATE LICENSING WITH RENEWAL*

NUMBER OF PROFESSIONALS ASSOCIATED WITH BUSINESS _____

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.*

STATE LICENSED PROFESSIONALS: MUST PROVIDE A COPY OF ANY CURRENT LICENSES WITH RENEWAL

\$ _____ (PLEASE FILL IN AMOUNT OF GROSS RECEIPTS)

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).

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

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 renewal application.

Number of Employees_____

☐ More than ten (10) employees, check this box.

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 deadlines 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 date of authorization are as follows:

Federal Work Authorization Number_____ Date of Authorization_____

☐ Exempt-Less than ten (10) employees, check this box.

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 O.C.G.A. § 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 established in O.C.G.A. § 13-10-90.

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_____

NOTARY:

Subscribed and sworn to me this _____DAY OF_____, 20_____

NOTARY PUBLIC
MY COMMISSION EXPIRES _____

(SEAL)



O.C.G.A § 50-36-1(e)(2)

This Form is Required by the State of Georgia



U. S. CITIZEN / QUALIFIED ALIEN AFFIDAVIT

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:

Occupation Tax Certificate or Alcohol Beverage License

(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 not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or 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_____;

Notary Public

My Commission Expires: _____

AFFIX SEAL HERE

Secure and Verifiable Documents

Under O.C.G.A. § 50-36-2

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residence or immigration status.

- _____ United States passport or passport card
- _____ United States military identification card
- _____ Driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, The Commonwealth of the Northern Marianas Islands, The United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- _____ Identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, The Commonwealth of the Northern Marianas Islands, The United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- _____ Tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- _____ United States Permanent Resident Card or Alien Registration Receipt Card (I-551)
- _____ Employment Authorization Document that contains a photograph of the bearer ((I-766)
- _____ Passport issued by a foreign government
- _____ Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- _____ Free and Secure Trade (FAST) card
- _____ NEXUS card
- _____ Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- _____ Driver's license issued by a Canadian government authority
- _____ Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- _____ Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- _____ Other document or form of identification for proof or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular public benefit.

Occupation Tax (Business Licensing)

(Effective April 1, 2025)

Occupation Tax Certificate (Business License)*

Occupation tax is calculated based on gross receipts bracketed classification schedule (below).

Steps to calculate tax:

Step 1: Determine the profit Class (1-6) based on the profitability ratio for the business type as defined by the SIC system.

Step 2: Calculate (or project) the businesses 'Gross Receipts' based on a 12-months period.

Step 3: Using the gross receipts in Step 2, lookup the corresponding tax rate for the Class determined in Step 1.

Calculation Examples:

A. Class 3 business with (projected) annual gross receipts of \$150,000; the Occupation Tax is \$180.

B. Class 1 business with (projected) annual gross receipts of \$5,000; the Occupation Tax is \$40.

C. Class 5 business with (projected) annual gross receipts of \$502,000; the Occupation Tax is \$830.

D. Class 2 business with (projected) annual gross receipts of \$20,000 (Start Date Aug 1st) ; the Occupation Tax is \$21.25.

Notes:

1. All Occupation Tax Certificates EXPIRE Dec 31st annually and MUST be renewed BEFORE Mar 31st to AVOID penalty.

2. If Gross Receipt exceed \$30 Million, multiply Gross Receipts by Tax Rate.

3. Certain practitioners of Professionals may elect to pay a \$300 per practitioner fee in lieu of an occupation tax on gross receipts.

4. New businesses established AFTER July 1st pay one-half (1/2) tax amount determined in Step 3 (above).

5. Maximum annual tax is \$30,000.

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%

Massage / Spa Establishment License

New or Renewal Massage / Spa Establishment License (annual)*

Before July 1st

\$100

After July 1st

\$50

Short-Term Rental License

New or Renewal Short-Term Rental License (annual)*

New License

\$250

Renewal

\$100

Depository Financial Institution License

Depository Financial Institution Business License Tax (annual)*

Percent Gross Receipts

0.25%

Min.

\$1,000

Insurer License

New or Renewal Insurance License (annual)*

1st Office

\$75

Each Add'l Office

\$75

Per Insurer

\$75