



MCINTOSH COUNTY Board of Commissioners

1200 NORTH WAY; DARIEN, GA 31305

912-437-6671 phone/912-437-6416 fax

BUSINESS LICENSE/OCCUPATIONAL TAX APPLICATION

Date: _____ Employer ID Number: _____ E-Verify Number _____

Business Name: _____

Physical (911) Address: _____

City: _____ State: _____ Zipcode: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zipcode: _____

Owner(s): _____ Contact Person: _____

Contact Phone Number: _____ E-mail: _____

Type of Business: _____ Number of Employees: _____

If a State License is required for your business, a copy must be obtained in order to receive a Business License.

Fee calculation:

Line 1 First Employee:	_____	x	\$100.00	=	_____
Line 2 Number of Additional Employees:	_____	x	\$10.00	=	_____
Penalty if Paid after January 31	_____	x	\$25.00	=	_____
TOTAL DUE (add line 1, 2, and line 3)					_____

Section 38-136 - An occupation tax shall be levied upon those businesses and practitioners of professions and occupations with one or more locations or offices in the unincorporated part of the county and/or upon the applicable out-of-state businesses with no location or office in the state pursuant to O.C.G.A. § 48-13-7 based upon a uniform fee of \$100.00 for the first employee, plus \$10.00 per employee for every employee other than the first employee. This fee may be changed from time to time by resolution and such amended fee schedule shall be available at the office of the clerk of the board of commissioners.

By signing this document, I certify that all of the above information is accurate and correct to the best of my knowledge. I further certify that the zoning classification of the property located at the business address above is appropriate zoning to permit the business use at such location, and that the building in use is in compliance with the McIntosh County building codes applicable to such business.

Notary

Seal

(Signature of Applicant)

Building Inspector Approval and Date

County Manager Approval and Date

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

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 (10) or fewer employees and 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. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 201__ in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

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

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.