



# 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  | = | _____ |
| <b>TOTAL DUE (add line 1, 2, and line 3)</b> |       |   |          |   | _____ |

**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 Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation 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. § 36-60-6. 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 User Identification Number

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

\_\_\_\_\_  
Name of Private Employer

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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