

Business License Checklist

Please note, in order to process your business license application the following must be completed and returned:

- . Business License Application
 - a. Name and Address of Business
 - b. Number of employees
 - c. Federal Employee Identification Number or Social Security Number
 - d. E-Verify number (if applicable)
 - i. State law requires each company to be in compliance by:
 1. January 1, 2012 – 500 or more employees
 2. July 1, 2012 – 100 or more employees
 3. January 1, 2013 – 10 or more employees
 - e. Email Address
 - f. Signed
- . Oakwood Police Department Contact Info
 - SAVE Affidavit (Notarized with a copy of your identification. If not US citizen, green card or other INS or HLS documentation)
 - State License (if applicable)
 - Department of Revenue (Official Addendum to Business Occupancy License Application)
 - Oakwood Ad Valorem taxes must be paid in full

Occupational tax fees for the City of Oakwood are based on the total number of employees in the business.

License fees for businesses with the effective business date of July 1 or later will be prorated. A license must be renewed each year by January 1.



4035 WALNUT CIRCLE / P.O. BOX 99
 OAKWOOD GA 30566
 770-534-2365

Business License Application

Name of Business _____

Name of Contact _____ Title: _____

Contact Mailing Address _____

Business Mailing Address _____

Business Address _____

Business Phone _____ Fax: _____

Type of Company (Partnership, LLC, etc.) _____

Type of Business (Gas Station, Construction, etc.) _____

Location (Circle One) _____ Home Location _____ Commercial Location _____

Federal Employee Identification Number (Required) _____

(SSN if Sole Proprietorship)

E-Verify No. (If Applicable) _____

Number of Employees (Required) _____

Signature of Authorized Agent (Required) _____

Email Address _____

WorkSheet for Computation of Taxes

<u>Employees</u>	<u>Tax Amount</u>
1-4	\$100.00
5-7	\$175.00
8-10	\$250.00
11-15	\$324.50
16-20	\$381.50
21-27	\$447.50
28-35	\$511.50
36-50	\$610.50
51-75	\$749.00
76-100	\$869.00
101-150	\$1072.50
151-200	\$1249.00
201-300	\$1550.00
301-500	\$2070.00
501-1000	\$3189.00
1001 & Up	\$4351.50

Make Checks Payable to: City of Oakwood
 P.O. Box 99
 4035 Walnut Circle
 Oakwood, GA 30566

Oakwood Police Department

4009 Railroad Street
Post Office Box 99
Oakwood, Georgia 30566
770-534-2364
Fax: 770-532-9885



Randall K. Moon
Chief of Police

Business Contact Worksheet

Business Information

Business Name _____
Address _____
Business Phone Number _____
Name on Business License _____

Contact Information

Contact Name #1 _____
Address _____
Phone Number _____

Contact Name #2 _____
Address _____
Phone Number _____

Contact Name #3 _____
Address _____
Phone Number _____

Alarm Company Information

Company _____
Phone Number _____



**AFFIDAVIT FOR UNITED STATES CITIZENS
AND LEGAL PERMANENT RESIDENTS**

Instructions: As required by O.C.G.A. Section 50-36-1(d)(1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Select one of the following:

A _____ I am a citizen of the United States (Provide copy of ID)

B _____ A legal permanent resident 18 years of age or older. (Provide copy of ID)

C _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States.

Alien registration number for non-citizens: _____(required)

A front and back copy of one of the following documents must be attached:

- a) Valid foreign passport with I-94;
- b) Temporary resident card (I-688);
- c) Employment authorization card (I-766 or I-688A);
- d) Employment authorization document (I-688B); or
- e) Refugee travel document (I-571)

Any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in this affidavit shall be guilty of a violation of O.C.G.A. Section 16-10-20.

Sworn to and subscribed before
me this _____ day of
_____, 20____.

Signature: _____

Print Name: _____

Notary Public:

My commission expires:

(SEAL)



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.