



# MCINTOSH COUNTY Board of Commissioners

1200 NORTH WAY; DARIEN, GA 31305

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

## BUSINESS LICENSE/OCCUPATIONAL TAX RENEWAL APPLICATION

Use only if there are NO changes to your business information

Date: \_\_\_\_\_ Employer ID Number: \_\_\_\_\_ E-Verify Number \_\_\_\_\_

Business Name: \_\_\_\_\_

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)



# MCINTOSH COUNTY BOARD OF COMMISSIONERS

## E-VERIFY AFFIDAVIT

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

### Section 1.

Please check only one:

(A) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

### Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

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

\_\_\_\_\_  
Federal Work Authorization User Identification Number (aka E-Verify Number)

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

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

Executed on \_\_\_\_\_, \_\_\_\_, 202\_\_ 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 \_\_\_\_\_, 202\_\_.

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

My Commission expires:  
\_\_\_\_\_