

**CITY OF SYLVANIA**  
 104 South Main Street, Sylvania, GA 30467  
 Telephone (912) 564-7411 Fax (912) 564-7407

**TAX YEAR:** \_\_\_\_\_

**OCCUPATIONAL TAX RETURN**

Legal Business Name: _____	<b>FOR OFFICE USE ONLY</b>
Business Name - DBA: _____	
Type of Business: _____	
Business Location: _____	License #: _____
Mailing Address: _____	Date paid: _____
City, State, Zip: _____	<b>APPLICATION TYPE</b>
Business Owner: _____	<input type="checkbox"/> New Application
Business Telephone: _____	<input type="checkbox"/> Change of Information
Business Owner's Address: _____	<input type="checkbox"/> Renewal
City, State, Zip: _____	<b>LICENSE TYPE</b>
Emergency Contact: _____	<input type="checkbox"/> Residential Business
Emergency Phone: _____	<input type="checkbox"/> Home Occupation
State License Number: _____	<input type="checkbox"/> Commercial
Expiration Date of License: _____	<input type="checkbox"/> Non-profit
Describe Business Activities: _____	<input type="checkbox"/> Peddler

**Number of Full Time Employees:**

*Full time employees - Article I. Section 18.46.2*  
 "Full-time employee means an employee who works 40 hours or more weekly, and, in addition, the average weekly hours of employees who work less than 40 hours weekly shall be added and such sums shall be divided by 40 to produce full-time position equivalents, and each full-time position equivalent shall also be considered a full-time employee for purposes of this article. Fractional equivalents shall be rounded down to the nearest whole."

<u>Employees</u>	<u>Amt Due</u>
0-2	\$ 75.00
3-6	\$ 132.00
7-10	\$ 190.00
11-15	\$ 247.00
16-20	\$ 305.00
21-25	\$ 362.00
26 & over	\$ 420.00

**NOTE: Each person who is licensed by the examining boards of the Secretary of State's office MUST provide evidence of proper and current state licensure before a City of Sylvania Occupation Tax Certificate will be issued. Please submit this information with your application and fee payment.**

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
**SIGNATURE** **DATE**

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION**



**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate, as referenced in O.C.G.A § 50-36-1, from the City of Sylvania, the undersigned applicant verified one of the following with respect to my application for a public benefit:

1. \_\_\_\_\_ I am a United States citizen.
2. \_\_\_\_\_ I am a legal permanent resident of the United States.
3. \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 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: \_\_\_\_\_

The undersigned applicant also hereby verified that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

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.

Executed in \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THE

\_\_\_\_ DAY OF \_\_\_\_\_, 202\_

NOTARY PUBLIC

My Commission Expires:



**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 less than five hundred (500) employees 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. § 13-1090.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

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: \_\_\_\_\_