

## Occupational Tax Certificate Application

Lowndes County Board of Commissioners  
Finance Department – Licensing Division  
occupationlicense@lowndescounty.com

*Tax years begin June 1<sup>st</sup> of each year. All certificates must be renewed by May 31<sup>st</sup>.  
All Occupation Tax Certificates must be renewed by May 31st for the next tax year.*

1. **Name of the Business** or Practitioner of a Profession (the “Applicant”):

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2. Physical Address of Business or Practitioner:

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3. Mailing Address of Business or Practitioner, if different from physical address:

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4. **Name, Complete Physical Address, Telephone Number, and Email Address** of the Resident Principal or Other Responsible Official of the Business or Practitioner:

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5. Complete All Applicable Numbers:

[ ] Applicant’s Federal Tax Identification Number \_\_\_\_\_

[ ] Principal or Responsible Official’s Social Security Number \_\_\_\_\_

[ ] Applicant’s Georgia Sales Tax Number \_\_\_\_\_

[ ] Georgia Professional License Type and Number \_\_\_\_\_

6. Exact Nature of Business of Profession and Business Line(s) for this Application:

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7. Does the Business Hold or Expect to Apply in the next 12 months for an Alcoholic Beverage License from Lowndes County?

[ ] Yes – Please complete 7a

[ ] No

7a. List the Names, Street, Addresses and Position of Principal Officers, Directors and the Three (3) Owners Owning the Largest Amounts of Stock or Equity Ownership in the Business and their ownership percentages **(attach additional pages if needed)**:

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8. Does the business include operating a hotel, motel, inn, lodge, tourist camp, tourist cabin, campground, or any other place in which rooms, lodgings, or accommodations are regularly furnished for value?

Yes

No

9. Applicant's Type of Entity:

Sole Proprietor

Partnership

Corporation

Limited Liability Company

Disabled Veteran

Other – Type: \_\_\_\_\_

Non-Profit, Charitable, Religious, or Education Tax-exempt Organization

10. Applicant's Type of Business:

General

Home

Professional

Mobile

Food Service

Other – Type: \_\_\_\_\_

11. Basis for Occupation Tax:

No occupation tax assessed - *Must provide copy of valid occupation tax certificate from home city or county and pay County \$50.00 Administrative Fee.*

Professional

Gross Receipts

12. Occupation Tax and Registration Fee:

Administrative Fee – Non-refundable - \$50.00

Professional - \$400.00

Gross Receipts Method:

Estimated Gross Receipts for current occupation

Tax year (June 1 to May 31): \$ \_\_\_\_\_

Tax Class and Rate: \_\_\_\_\_

Registration Fee: **\$50.00 (non-refundable)**

13. Has the applicant ever held an occupation tax certificate with Lowndes County?

Yes

No

If yes, name on certificate: \_\_\_\_\_

Address: \_\_\_\_\_

14. Certification – I, the undersigned, certify that the information provided in this Application is true and correct and complete to the best of my knowledge, and that all records of the Applicant shall be made available for inspection upon the County's request. I understand that by obtaining a commercial business license (if applicable), I am subject to an annual Fire Life Safety Inspection and Pre-Plan inspection from Lowndes County Fire Rescue.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

ATTACHMENT A

To Application for Occupation Tax Certificate

AFFIDAVIT OF COMPLIANCE WITH O.C.G.A. §50-36-1(f)(1)(B)

By executing this affidavit under oath, as an applicant for a Lowndes County, Georgia Occupation Tax Certificate (Business License) as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to the Application therefore:

- I am a citizen of the United States.
- I am a legal permanent resident of the United States.
- 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 is: \_\_\_\_\_.

The undersigned applicant also hereby verifies 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. §50-36-2(b)(3), with this affidavit. Form of secure and verifiable document: \_\_\_\_\_

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement, or representation in an affidavit may 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 \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant or its Representative

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Representative

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_.

ATTACHMENT B  
to Application for Occupation Tax Certificate

AFFIDAVIT OF PRIVATE EMPLOYER OF COMPLIANCE PURSUANT TO O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, the undersigned private employer or its representative 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.<sup>1</sup>

\*\*\* 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 or its representative 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

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

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

Executed on \_\_\_\_\_, 20\_\_\_\_ 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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_.

<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees' company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

## APPENDIX A

### FEES AND CHARGES

1. Gross Receipts shall include:
  - a. Total income without deduction for the cost of goods or expenses incurred;
  - b. Gain from trading in stocks, bonds, capital assets or instruments of indebtedness;
  - c. Proceeds from commissions on the sale of property, goods or services;
  - d. Proceeds from fees charged for services rendered; and
  - e. Proceeds from rent, interest, royalty or dividend income.
  
2. Gross Receipts shall not include:
  - a. Sales, use or excise tax;
  - b. Sales returns, allowances and discounts;
  - c. Interorganizational sales or transfers between or among the units of a parent-subsidary controlled group of corporations, between or among the units of a brother-sister controlled group of corporations, between or among a parent corporation, wholly owned subsidiaries of such parent corporation, and any corporation in which such parent corporation or one or more of its wholly owned subsidiaries owns stock possessing at least 30 percent of the total value of shares of all classes of stock of such partially owned corporation, or between or among wholly owned partnerships or other wholly owned entities;
  - d. Payments made to a subcontractor or an independent agent for services which contributed to the gross receipts in issue;
  - e. Governmental and foundation grants, charitable contributions, or the interest income derived from such funds, received by a nonprofit organization which employs salaried practitioners otherwise covered by this ordinance, if such funds constitute eighty (80%) or more of the organization's receipts; and
  - f. Proceeds from sales of goods or services which are delivered to or received by customers who are outside the state at the time of delivery or receipt.

3. Tax Classes and Rates:

a. Up to \$1,000,000 annual gross receipts:

Tax Class	Tax Rate
1	0.00075
2	0.00080
3	0.00086
4	0.00093
5	0.00111
6	0.00125

b. From and in excess of \$1,000,000.01 annual gross receipts:

Tax Class	Tax Rate
1	0.00019
2	0.00020
3	0.00023
4	0.00027
5	0.00030
6	0.00031

c. Maximum Occupation Tax Per Year - \$20,000.00