**CITY OF HARALSON**
**171 Magnolia Street**
**P.O. Box 155**
**Haralson, GA 30229**

Dear Business Owner:

Your 2027 Occupation Taxes are due by January 1, 2027. Enclosed you will find an application and also the Affidavit regarding citizenship. Please review and make any changes to the application that are necessary and return along with your payment to the City Hall. You **MUST** renew your Occupation Tax Certification no later than January 31, 2027 to avoid penalties and late fees.

Your Occupation Tax Certificate is valid for only one year (January 1st - December 31st each year) Your Occupation Tax Certification expires December 31st each year.

***For anyone paying after March 31, 2027, there will be a 15% penalty added.***

Any Business regulated by the State of Georgia must have an active license from the State of Georgia and a copy must be attached to the application. This includes: Car/Auto Dealers (New or Used), Heating/Cooling, Electricians, Refrigeration and Plumbers.

The **Application Form** must be signed and dated by the owner or officer of the business. The **Affidavit Regarding Citizenship Form** and the **Private Employer Affidavit of Compliance Pursuant to O.C.G.A §36-60-6(d) Form** must be signed and notarized.

According to the City of Haralson's Occupation Ordinance Section 3-2-19 and Section 3-2-20.

**3-2-19** **Each Line of Business to Be Identified on Business Registration Form Each business operating in the town shall identify the line or lines of business conducts and shall be required to obtain the necessary registration for each location and line and pay an occupation tax in accordance with the prevailing taxing method and tax rate for each location and line.**

**3-2-20** **Where a person conducts business at more than one fixed location, each location or place shall be considered a separate business for the purpose of occupation tax**

The tax rate is determined by the number of employees for each business, trade, profession, or occupation is as follows and will be developed and updated from time to time by the City of Haralson, Georgia.

| **Employees** | **Tax Liability** |
|---|---|
| **0-10** | **$150.00** |
| **10 or More** | **$150.00 plus $10.00 per employee Not to exceed $750.00** |

**LATE FEES:**

**30 Days Late:** **Late Fee 15% (if applicable)**

**After 60 Days Late:** **A citation <u>WILL BE</u> issued to appear in Municipal Court This will include all late fees and all Court cost and fees.**

Alcoholic Beverage License renewal must be applied for separately.

If you have any questions, please feel free to contact the City of Haralson at 770-599-3985, our hours are Monday & Tuesday 8:30AM – 1:00PM.

****We now offer Square payments, there will be a service fee added to each transaction of $0.30 and 3.3%****

Respectfully,

City of Haralson

Scan the following QR code with the camera on your phone to make payment via Square!

Application Must Be Filled Out Completely

CITY OF HARALSON
171 Magnolia Street
Post Office Box 155
Haralson, Georgia 30229

**OCCUPATIONAL TAX PERMIT (BUSINESS LICENSE APPLICATION)**

( ) LLC
( ) Single Proprietor
( ) Home Occupation
( ) Corporation/Partnership

Business Name: _____

Federal Tax ID _____

Physical Address of Business: _____
(Please include suite number if applicable)

Mailing Address of Business: _____

Description of Business: _____

***Each Line/Type of Business* operating at this location must register and pay Occupation Tax Fee**

**Is Food Being Prepared for Resale? _____ Yes _____No**
**If so, must have a current Health Department Inspection Attached.**

Business Phone Number: _____E-Mail_____

Number of Employees: _____Full Time _____Part Time

**BUSINESS OWNER INFORMATION**

Business Owner: _____

Mailing Address: _____

Phone: _____ E-Mail _____

Is this Business occupying an existing building? _____Yes _____No

Do you own _____ Lease _____ Rent _____ the Property?

**PROPERTY OWNER'S INFORMATION**

Property Owners Name: _____

Property Owners Address: _____

Property Owners Phone Number: _____E-Mail_____
Is this Business a Partnership? _____Yes _____No

If Yes, Please complete the information for Partners

Partners

Name: _____ Phone Number: _____

Address: _____

**List any other partners on separate sheet**.

## OCCUPATION TAX SCHEDULE:

| Employees: | Tax Fee |
|---|---|
| 1-10 | $150.00 |
| 11 or More | $150.00 plus $10.00 for each employee over 10 to a maximum of $750.00 |

## Late Fee 15% after March 15, 2027

Total Number of Employees_____ Schedule Rate: _____

Late Fee 15% (if applicable) _____

Total Occupation Tax Fee _____

## All Beer and Wine License Must Be Obtained Separately.

**I declare under the penalty of perjury that the statements made in this application are true. I understand that any false or misleading information given in my application may result in the revocation of my Occupational Tax Certificate, preventing me from operating a business within the Town of Haralson. I understand that it shall be my responsibility to renew the license annually by January 1st.**

_____ _____

**Signature of Applicant** **Date**

**CITY OF HARALSON**
**171 Magnolia Street**
**P.O. Box 155**
**Haralson, GA 30229**

## Please submit this document along with a copy of your secure and verifiable document such as driver's license or passport to the City of Haralson with your application

*Affidavit Verifying Status for Town Benefit Application*
***Effective for Calendar Year 2027***

By executing this affidavit under oath, as an applicant for the City of Haralson, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1. I am stating the following with respect to my application for the City of Haralson, Business License or Occupational Tax Certificate. I am stating the following for:

_____
(the **name of person** applying on behalf of business, partnership or other private entity)

As a representative of _____
(the name of the business, corporation, partnership, or other private entity)

Check only one:

1) _____ I am a United States citizen
2) _____ I am a legal permanent resident of the United States, 18 years of age or older, please include Alien Registration Number below signature*
3) _____ I am qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States*

*OCGA§ 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien number. Because legal permanent residents are included in the federal definition of alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

_____
Number and Document Source

In making the above statement 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 OCGA Section 16-10-20.

_____
Signature of Applicant Date

_____
Printed Name

_____
*Alien Registration number for non-citizens

**NOTARIZATION REQUIRED**
SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE_____DAY
OF _____, 202_.

_____
Notary Public
My Commission Expires: _____

**CITY OF HARALSON**
**171 Magnolia Street**
**P.O. Box 155**
**Haralson, GA 30229**

# E-VERIFY

**Private Employer Affidavit of Compliance Pursuant to O.O.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 **employs more than ten (10) employees** and 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.§ 13-10-90.. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Employer/Business

☐ **I employ more than 10 employees and have registered with E-Verify as required by law.**

_____
E-Verify/Federal Work Authorization User Identification Number

_____
Date of Authorization

☐ **I do not employ more than 10 employees and are exempt from registering with E-Verify**

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 Print Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____DAY OF_____, 202_

_____
NOTARY PUBLIC

My Commission Expires_____