

Alan D. Starr
Mayor

Town of Turin

Office 770-599-0777
Fax 770-599-0775

47 Turin Road
P.O. Box 86 •
Turin, Georgia 30289

December 16,2019

RE: 2020 Occupation Tax Renewal Application

Dear Business Owner:

Enclosed is a 2020 Occupation Tax renewal application for your commercial or home-based business that is operated in the City Limits of the Town of Turin. This form and the associated fee are due on or before **January 31, 2020**. Also including are the Affidavit Regarding Citizenship. Please submit these documents along a verifiable document such as **driver's license** or passport with the renewal application form. (**House Bill 87, Section 12**)

Your Occupation Tax Certificate is valid for only one year (January 1st. - December 31st calendar year). The Occupation Tax Certificate expires on December 31st of each year, regardless of the date of purchased.

Applicants that are regulated by the State of Georgia must obtain a license from the State of Georgia and attach a copy of the license or permit with the application. This includes, but is not limited to the following: Electricians, Refrigeration, Heating/Cooling, Auto Dealers, and Plumbers, etc. (See the GA Secretary of State Website. www.sos.ga.gov., for a complete list.

You must renew you Occupation Tax Certificate no later than January 31st for the current year to avoid penalty and late fees.

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 Town of Council of Turin, Georgia.

Employees	Tax Liability
1	\$100.00
2-5	\$150.00
6-9	\$200.00
10-12	\$250.00
13-15	\$300.00
More than 15	\$500.00

LATE FEES: Effective as of January 2007

30 Days Late:	\$25.00 Late Fee
60 Date Late	\$60.00 Late Fee
After 60 Days	A citation will be issued to appear in Municipal Court – Will include all late fees, court cost and all court fees

According to our ordinance (Section 1-9) where a business is operated at more than one place or where a business includes more than one line, said business shall be required to obtain a certificate and pay the fees for each line of business.

If you have any further questions, please feel free to contact the Town of Turin at 770-599-0777. Office hours are Monday - Friday, 8:00AM – 4:00PM

Respectfully,
Town of Turin

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 ***fewer than eleven (11) employees*** and therefore, is not required to register with/or utilize the federal work authorization program commonly know as E-Verify, or any subsequent replacement program, in accordance with applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

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 _____, _____, 201____ 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 _____, 201

NOTARY PUBLIC

My Commission Expires:

Private Employer Affidavit of Compliance Pursuant To O.C.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:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

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

Executed on _____, _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBER AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__

NOTARY PUBLIC

My Commission Expires

**Application Must Be Filled Out
Completely Each Year**

**TOWN OF TURIN
OCCUPATIONAL TAX APPLICATION
January 1, 2020 to December 31, 2020
Application Must Be Filled Out Completely**

Business Name: _____

Federal Tax I.D. # _____

Business Address: _____

Business Phone: _____

Mailing Address: _____ City/Zip _____

Description of Business: _____
(Only one (1) Line of Business per application)

Number of Employees: _____

Is Food Being Prepared for Resale? _____ Yes _____ NO

24 Hour Emergency Contact

(Name & Phone Number): _____

Single Proprietor: Yes ___ No ___

Owner's Name: _____ Home Phone Number: _____

Cell Phone Number: _____

Owner's Address: _____ City/Zip _____

Driver's License Number: _____

Date of Birth _____ Expiration Date: _____

Social Security Number _____

Does your line of work require state licensure under TITLE 43 of the Official Code of Georgia Annotated? _____ Yes _____ NO

**** If state licensing is required, please attach a copy to this application**

State Licensed occupations require a working telephone listed in the licensee's trade name and appropriate permanent signage whereby a reasonable consumer would know the type of business conducted at this location. Proof of bond and/or certificate of insurance and sales tax number for that specify business will be required.

License Name: _____ License Name: _____

Does the applicant operate a similar business at another location in the State of Georgia? If so, list the trade name, and location. _____

Is this business occupying an existing building? Yes _____ No _____

Prior Use of Building _____

Prior Name of Business: _____

Will any repair, renovation or construction be required to make the building suitable for your business?

Yes _____ No _____

**** If yes, please describe:** _____

Own _____ Lease _____ Rent _____ Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Phone Number: _____

Is This Business a Partnership: Yes _____ No _____ - ** If Yes, please complete the information for Partners:

Partner 1:

Name: _____ Home Phone: _____

Address: _____ City/Zip _____

Driver's License Number _____ Date of Birth _____ Expiration Date _____

Social Security Number: _____

Partner 2:

Name: _____ Home Phone: _____

Address: _____ City/Zip _____

Driver's License Number _____ Date of Birth _____ Expiration Date _____

Social Security Number _____

Please list any other partners, same information as above on back.

Corporation Proprietor: Yes ____ No ____
Federal Employer Number: _____

Corporate Name: _____

Corporate Address: _____ City/State/Zip _____

Year of Incorporation _____ State of Incorporation _____

Corporate President's Name: _____

Corporate President's Address: _____ City/State/Zip _____

Phone Number: _____

List all other Officers, Address, and Phone Number on back

** This license is to be executed under the following oath:

“I solemnly swear, subject to criminal penalties for false swearing, that the information in this application is true and no false or fraudulent information is made herein to procure granting of this license”

Signature: _____

Title: _____ Date: _____

For Office Use:

Date Approved: _____ Fee: _____

Permit Number: _____ Method/Payment _____