

**City of Hawkinsville
96 Broad Street
P.O. Box 120
Hawkinsville, GA 31036
(478) 892-3240**

Occupational Tax Application Instructions

- 1. Complete the application and affidavits. The application can be mailed to the above post office box or you may deliver it to City Hall. DO NOT submit payment at this time.**
- 2. Once your application is received it will be delivered to the Building Inspector and Fire Chief for approval.**
- 3. You will be notified upon approval or denial of your application. If your license is approved you will be responsible for submitting payment in a timely manner.**
- 4. Once your payment has been received, your business license will be mailed or you may pick it up at City Hall.**

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96 Broad Street
P.O. Box 120
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**Occupational Tax Application
Tax Year 2020-2021**

Date: _____

Name of Business: _____

Name of Owner: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Phone Number of Owner/Operator: _____

Email address of Owner/Operator: _____

Tax ID Number: _____

SS Number: _____

Description of Business: _____

Number of Employees: _____

Tax Due Per Schedule: _____

I certify that the information reported herein is true and correct.

Signature

Printed Name

Title

Return completed form to:

City of Hawkinsville
P.O. Box 120
Hawkinsville, GA 31036

Applications may also be delivered to City Hall at the physical address listed on this application.

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a **City of Hawkinsville**, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit 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 a City of Hawkinsville Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____.
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States¹.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

*Alien Registration number for non-citizens: _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

Notary Public _____

My Commission Expires: _____

¹ O.C.G.A. § 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 registration 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:

Private Employer / E-Verify Affidavit

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:

On January 1st of the below-signed year, the individual, firm, or
(A) _____ corporation employed **more than ten (10) employees²**.

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

On January 1st of the below-signed year, the individual, firm, or
(B) _____ 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:

E-Verify Number

(Federal Work Authorization User Identification Number)

/_____/_____
Date of Authorization

THIS FORM MUST BE NOTARIZED

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

Executed on this _____ **day of** _____, _____ **in** _____, _____.

Day Month Year City State

Name of Employer

X_____
Signature of Authorized Officer or Agent

X_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ day of _____, _____.

Month Year

Notary Public _____ **My Commission Expires:** _____

² To determine 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.

City of Hawkinsville Occupational Tax Schedule

| # of Employees | Occupational Tax | # of Employees | Occupational Tax |
|----------------|------------------|----------------|------------------|
| 1 | \$60.00 | 26 | \$517.20 |
| 2 | \$80.00 | 27 | \$533.40 |
| 3 | \$100.00 | 28 | \$549.60 |
| 4 | \$120.00 | 29 | \$565.80 |
| 5 | \$140.00 | 30 | \$582.00 |
| 6 | \$160.00 | 31 | \$596.58 |
| 7 | \$180.00 | 32 | \$611.16 |
| 8 | \$200.00 | 33 | \$625.74 |
| 9 | \$220.00 | 34 | \$640.32 |
| 10 | \$240.00 | 35 | \$654.90 |
| 11 | \$258.00 | 36 | \$669.48 |
| 12 | \$276.00 | 37 | \$684.06 |
| 13 | \$294.00 | 38 | \$698.64 |
| 14 | \$312.00 | 39 | \$713.22 |
| 15 | \$330.00 | 40 | \$727.80 |
| 16 | \$348.00 | 41 | \$735.09 |
| 17 | \$366.00 | 42 | \$742.38 |
| 18 | \$384.00 | 43 | \$749.67 |
| 19 | \$402.00 | 44 | \$756.96 |
| 20 | \$420.00 | 45 | \$764.25 |
| 21 | \$436.20 | 46 | \$771.54 |
| 22 | \$452.40 | 47 | \$778.83 |
| 23 | \$468.60 | 48 | \$786.12 |
| 24 | \$484.80 | 49 | \$793.41 |
| 25 | \$501.00 | 50 | \$800.00 |

- Amounts include a **\$40.00** administrative fee
 - Maximum amount due is **\$800.00**

ADD 10% TO AMOUNT DUE IF PAYING AFTER JULY 1

NOTE: Full time employees are ALL individuals who work a 40-hour week. Hours of part-time employees are added together and divided by 40 to determine the number of full-time employees.