

**City of Hawkinsville  
56 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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56 Broad Street  
P.O. Box 120  
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(478) 892-3240**

**Occupational Tax Application  
Tax Year 2022-2023**

**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:** \_\_\_\_\_

**Georgia State Sales Tax ID Number:** \_\_\_\_\_

**E-Verify Number (If Applicable):** \_\_\_\_\_

**Last 4 Digits of Social Security 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 or other public benefit as referenced in O.C.G.A. Section 50-36-1, the undersigned applicant verifies one of the following with respect to his/her application for a public benefit:

1) \_\_\_\_\_ I am a United States citizen

**(Must include copy of either a current State Driver's License, Passport or Military ID)**

2) \_\_\_\_\_ I am a legal permanent resident of the United States\*\*

**(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)**

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\*\*

**(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)**

**\*\*My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.**

The undersigned applicant also verifies that he/she is 18 years of age or older and has provided at least one secured 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 \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

**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) employees<sup>1</sup>**.

**\*\*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:** \_\_\_\_\_

<sup>1</sup> 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.**