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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P.O. Box 120
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(478) 892-3240

Occupational Tax Application
Tax Year 2026-2027

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**[1].

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:** _____

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[1] 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**

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.