

Lumpkin County Planning Department

25 Short Streets, Suite 10
Dahlonega, Ga. 30533

Phone 706-864-6894
Fax 706-867-7272

BUSINESS LICENSE RENEWAL

The attached application applies to **existing** accounts with **NO CHANGES TO:**
Business Owner or **Business Name** a **Change in Location** or the **State License Holder** has changed
If any of the above items have changed a new application is required.
Please Contact this office and a complete application will be sent to you.

Business Name	
Correct Mailing Address	
Business License Number	Business Phone Number
Georgia Sales Tax Number if applicable	E-Mail if you have one

Is the business still in operation? Yes No

If **no**, please enter closing date: _____ and return only this form so we may update our files.

If yes, please complete this form and return, along with the attached tax computation form, affidavit verifying status, employer affidavit and a check or money order in the correct amount made out to Lumpkin County Planning. Please include \$2.00 for shipping if you would like your business license mailed back to you.

**Mail to: Lumpkin County Planning Department
25 Short Street, Suite 10
Dahlonega, Georgia 30533**

Please include a copy of any State or Federal License required for the operation of your business. Also any business required to obtain health permits, bonds, certificates of qualification, certificates of competency or any other regulatory matter must show evidence that such requirements have been met by including a copy of such with the application.

Licenses are issued for a calendar year, January thru December. There is a not a grace period .Renewals not received by 5:00 P.M. on **December 31** will be subject to penalty and interest charges of 10% percent for each month past due. We do not accept postmarks; each application is stamped with a received date when it is delivered. This is the date we use for determining timeliness of a payment, not the postmark.

After registration with Lumpkin County and upon payment of the applicable occupation tax, an Occupation Tax Certificate shall be issued by the Planning Department, which Occupation Tax Certificate Shall be displayed in a conspicuous location in the place of business if the taxpayer has a permanent business location in Lumpkin County, Georgia. If the taxpayer has no permanent location in Lumpkin County, Georgia, the Occupation Tax Certificate shall be shown to any agent of Lumpkin County upon request.

TAX COMPUTATION FORM

1) Enter total number of full time employees _____

2) Enter total number of full time equivalents _____

(To calculate the number of full time equivalent employees add the total hours of the part time employees and divide by 40 hours.)

Total number of employees (Add numbers from lines 1 & 2 above) _____

Total Employees	Tax Liability
0 – 3	\$ 50.00
4 – 9	\$ 125.00
10 – 19	\$ 125.00 + \$6.00 per employee over 10
20 – 99	\$ 185.00 + \$4.00 per employee over 20
100 or more	\$ 505.00 + \$2.00 per employee over 100

Add 10% each month after due date if paid after December 31, 2013

Employees are based on full time employees and full time equivalent employees. To calculate the number of employees add the total hours of the part time employees and divide by 40 hours. Add this number to the regular full time employees to get the total. Use this total and the table above to determine the amount of tax owed.

Amount of Occupational Tax due based on # of employees from table above = \$ _____
Plus 2.00 shipping if mailing back to you

I, _____, being the _____ of the business
(Print Name) (Job Title)

entity listed above, declare the information contained in this application is true and correct to the best of my knowledge.

(Signature of Applicant)

(Date)

If you have any questions please contact the Planning Department at 706-864-6894

Business means, any person who, within the unincorporated areas of Lumpkin County, engages in or causes to be engaged in and/or represents himself to be engaged in any occupation or activity with the object of gain, benefit or advantage either directly or indirectly. Any person advertising by any means, including but not limited to, signs, cards, circulars and newspapers, that he is engaged in any business of any kind, shall be liable for the appropriate occupation tax required under the Lumpkin County Occupational Tax Ordinance and the appropriate fee therefore.

Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, Federal income tax or State income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2, but not a form I.R.S. 1099. Employee also includes owners, partners, officers or managers who



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**Affidavit Verifying Legal Status
Of Applicant for Lumpkin County Occupational Tax Certificate**

Need a copy of Business Owners Driver's License or a form of identification attached to this form

By executing this affidavit under oath, as an owner/applicant for a Lumpkin, County Georgia Business Occupation Tax Certificate as referenced in O.C.G.A. Section 50-36-1, I do swear the following, with respect to my application for a Lumpkin County Occupation Tax Certificate, or Wrecker Rotation list for

_____ Business Name

AND _____ Business owner

I certify that:

1. _____ I am a United States citizen

OR

2. _____ I am a legal permanent resident 18 years of age or older OR I am a 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.

My country of citizenship is: _____

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

Print name of Applicant Date

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

Notary Public
My Commission Expires

***Note:** 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:

* _____
Alien registration number and date of expiration for non-citizens also attach a copy of driver's license

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 employees and therefore, is not required to register with and/or utilize 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.

Signature of Exempt Private Employer for the Company

Printed Name of Exempt Private Employer for the Company

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 for the Company

Printed Name and Title of Authorized Officer or Agent for the Company

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 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

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

NOTARY PUBLIC

My Commission Expires:_____