

YEAR \_\_\_\_\_

**OCCUPATIONAL TAX APPLICATION FOR CITY OF OXFORD**

1. Name of business: \_\_\_\_\_
2. Ownership: Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_
3. Name & Address of owner/applicant (If partnership or corporation, names of principal parties or officers & addresses.)  
\_\_\_\_\_
4. Business location: \_\_\_\_\_
5. Business telephone number: \_\_\_\_\_
6. Specific business or occupation: \_\_\_\_\_
7. Is this a renewal of an existing license? : Yes: \_\_\_\_\_ No: \_\_\_\_\_
8. Is this a change of ownership of an existing business? Yes: \_\_\_\_\_ No: \_\_\_\_\_
9. If new business, date of beginning business: \_\_\_\_\_
10. Does applicant hold a license for any other business located in the City of Oxford? (List name & location of other businesses.)
11. If existing business, state maximum number of employees on payroll at peak time for the preceding year or part of year. \_\_\_\_\_
12. If new business, state maximum number of employees anticipated hiring for coming year or part of year.  
\_\_\_\_\_
13. For new business state anticipated volume of traffic. \_\_\_\_\_
14. Does the type of business, require the delivery of and/or storage of supplies or chemicals on the property. \_\_\_\_\_
15. I hereby certify that the information given in this application is true and correct to the best of my knowledge and belief. Signiture of applicant: \_\_\_\_\_
16. Approved date: \_\_\_\_\_ Approved by: \_\_\_\_\_
17. Do not approve (State reason): \_\_\_\_\_

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from \_\_\_\_\_ [name of county or municipal corporation], the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.  
(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012, and June 30, 2013.

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.  
(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.  
(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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 allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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