

# OCCUPATION TAX CERTIFICATE RETURN

**Due by November 15th (Renewals)**

City of Eton, Georgia  
City Clerk's Office  
P.O. Box 407  
Eton, Georgia 30724  
Phone: (706) 695-2652  
Email:  
etoncityclerk@windstream.net



OFFICE USE ONLY:

Date Received \_\_\_\_\_

Received by: \_\_\_\_\_

Tax Due: \_\_\_\_\_

## SECTION 1 - PLEASE ANSWER QUESTIONS 1 through 8, if applicable

- (1) Is Business located in the city limits of Eton, Georgia?      \_\_\_yes \_\_\_no
- (2) Is this Return a      \_\_\_New Return      \_\_\_Renewal Return      \_\_\_Change in Existing Account
- (3) Does this Business have an Occupation Tax Certificate in another City in Georgia?      \_\_\_yes \_\_\_no  
If yes, where? \_\_\_\_\_
- (4) The Business Classification is      \_\_\_Regular      \_\_\_Professional      \_\_\_Insurance Company      \_\_\_Bank
- (5) Is this Business      \_\_\_Permanent      \_\_\_Seasonal      \_\_\_Temporary
- (6) Is Business newly constructed      \_\_\_yes \_\_\_no
- (7) Has Business been remodeled or renovated?      \_\_\_yes \_\_\_no
- (8) Is Business out of Business?      \_\_\_yes \_\_\_no      If yes, when? \_\_\_\_\_

## SECTION II - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY

OWNER NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

## SECTION III - CHECK THE APPROPRIATE CATEGORY

\_\_\_Store/Merchant      \_\_\_Restaurant      \_\_\_Service      \_\_\_Manufacturer

\_\_\_Auto Dealer      \_\_\_Bank      \_\_\_Hotel/Motel      \_\_\_Rental Unit

\_\_\_Game Room      \_\_\_Other      \_\_\_\_\_

GEORGIA SALES TAX NUMBER: (if applicable) \_\_\_\_\_

*Your sales tax number must be furnished to the Clerk's Office prior to granting of Occupation Tax Certificate*

## SECTION IV - EMPLOYEE INFORMATION

LIST THE NUMBER OF OWNERS OF THIS BUSINESS AS OF THE DATE OF THIS RETURN \_\_\_\_\_

LIST THE NUMBER OF EMPLOYEES EMPLOYED IN THE BUSINESS AS OF THE DATE OF THIS RETURN \_\_\_\_\_

*Do not include Number of Owners in this line*

## SECTION V - READ CAREFULLY BEFORE SIGNING

This return is due in the Clerk's Office on or before the 15th of November of each year before a certificate can be issued. Failure to file this Return by the 15th of November will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**AFFIDAVIT VERIFYING STATUS FOR CITY  
PUBLIC BENEFIT APPLICATION  
CITY OF ETON, GEORGIA**

**MUST BE NOTARIZED**

*By Executing This Affidavit Under Oath, As An Applicant For A City Of Eton, Georgia Occupation Tax Certificate, Alcohol License, 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:*

\_\_\_\_\_  
**NAME of 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 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 States.\***

(2a) **DATE OF BIRTH:** \_\_\_\_\_

**\*Non Citizens Only**

(2b) \_\_\_\_\_

**\*Alien Registration Number For Non Citizens**

*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 O.C.G.A.*

\_\_\_\_\_  
**\*\*Please submit a copy of a secure and verifiable document along with the Application. E.g., Driver's License**

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

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**PRIVATE EMPLOYER AFFIDAVIT  
PURSUANT TO O.C.G.A. § 36-60-6(d)  
CITY OF ETON, GEORGIA**

**MUST BE NOTARIZED**

**CHECK ONLY ONE:**

(1) \_\_\_\_\_ 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 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. §36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization user identification number and date of authorization are as follows:

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

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

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

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

(2) \_\_\_\_\_ 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 employees **ten (10) or fewer employees** and 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. §36-6—6.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_, 20\_\_\_\_  
In \_\_\_\_\_(city), \_\_\_\_\_(state).

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

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_