



CITY OF MAYSVILLE

2025 BUSINESS/OCCUPATIONAL TAX LICENSE (NEW BUSINESS)

Office Use Only: Account No: _____ SIC Code: _____

BUSINESS TRADE NAME: _____

Business Address

Location: _____

City: _____ State: _____ Zip: _____

Phone: _____ DBA: _____

Corp. Name & Address: _____

Contact (person who will appear on license) _____ Title: _____

Phone: _____ Emergency Contact: _____ After Hrs. Phone: _____

(for Police & Fire Use)

MAILING ADDRESS

Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____

OWNER'S ADDRESS

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Are you a U.S. Citizen? Yes No

Dominant Line of Business: _____

(What do you do or what service do you provide?)

_____ Partnership _____ Sole Ownership

_____ Georgia Corporation _____ Other State Corporation

Date Opened: _____

Georgia Sales Tax No: _____ State Board Certificate No: _____

Home Business: Yes No Fed Id or SS No: _____



2025 BUSINESS/OCCUPATIONAL TAX LICENSE APPLICATION

Dear Business Owner:

Please fill out the attached form and return with payment to City Hall, 4 Homer Street, Maysville, GA

30558. The Business/Occupational Tax shall be levied according to the number of employees of the

business. Cost as follows:

# of EMP	Tax Due	# of EMP	Tax Due
0-3	\$ 40.00	16-20	\$ 88.00
4-6	\$ 49.00	21-25	\$ 103.00
7-10	\$ 58.00	26-30	\$ 118.00
11-15	\$ 73.00	31-35	\$ 133.00

\$5.00 Administrative fee already included

Total Due \$ _____

Signature of Owner: _____

Also, enclosed is an Affidavit Verifying Status to be completed and returned with your application that is required by O.C.G.A. Section 50-36-1 for a City Public Benefit. Because of changes in the (H.B.87) Law you must return the completed application form and Affidavit Verifying Status to the City of Maysville in person as required by O.C.G.A. Section 50-36-1 for Public Benefits. You must also bring a secure and verifiable document for identification.

You will have to attend a council meeting to present your application for approval. Please bring your payment, affidavit, and application to the City Clerk to schedule your appearance.

Kim Jackson
City Clerk

CITY COUNCIL DATE SCHEDULED: _____

Affidavit
Verifying Status for City Public Benefits



By executing this this affidavit under oath, as an applicant for a City of Maysville, Georgia Business License or Occupational Tax Certificate, 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 for a City of Maysville, Business License or Georgia Occupational Tax Certificate for _____
_____. [Name of natural 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 older 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.*

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

Printed Name

E-Verify Number _____

* _____

Alien Registration number for non-citizens

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:
