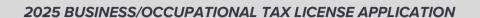
## **CITY OF MAYSVILLE**

## 2025 BUSINESS/OCCUPATIONAL TAX LICENSE (NEW BUSINESS)

Office Use Only: Account No:		SIC Code:
BUSINESS TRADE NAME		
Business Address _ocation:		
		Zip:
		Title:
		After Hrs. Phone:
		(for Police & Fire Use)
MAILING ADDRESS		
Name:		
City:		
OWNER'S ADDRESS		
Namo		
Address 2:City:	State:	Zip:
Oity.	otate	<u> </u>
Are you a U.S. Citizen? Ye	s No	
, <u>—</u>		
Dominant Line of Business:		
		(What do you do or what service do you provide?)
Partnership	S	ole Ownership
Georgia Corporation	· C	Other State Corporation
Date Opened:		
Georgia Sales Tax No:	C+-	nto Poard Cartificato No:
ocorgia Sales Tax INU	Sic	ate Board Certificate No:
Home Business:Yes	No Fe	ed ld or SS No:



## **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

Signature of Owner: _			_	
	A ffi along the Name of the state of	 		

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

Total Due

CITY COUNCIL DATE SCHEDULED:\_\_\_\_\_

## Affidavit Verifying Status for City Public Benefits



Business License or Occupational Tax O.C.G.A. section 50-36-1, I am stating the Maysville, Business License or Georgia O	Path, as an applicant for a City of Maysville, Georgia Certificate, or other public benefit as referenced in the following with respect to my application for a City of Eccupational Tax Certificate for
business, corporation, partnership, or oth	
1) I am a United States citizen	
OR	
	esident 18 years of age or older or I am an otherwise ne Federal Immigration and Nationality Act 18 years of Inited States.*
	der oath, I understand that any person who knowingly udulent statement or representation in an affidavit shall 6-10-20 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 Notary Public: My Commission Expires:	

\*Note:O.C.G.A.50-36-1(e)(2) requires that aliens under the federal Immigration and Nationally 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: