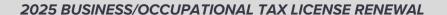




Office Use Only:	Account No:	SIC Code	<u> </u>	
BUSINESS TRA	DE NAME:			
Business Address				
City:	s	itate:	Zip:	
Phone:	DBA:			
	lress:			
Contact (person w	ho will appear on license)	Ti	tle:	
Phone:	Emergency Contact:	After I	Hrs. Phone:_	
				(for Police & Fire Use)
MAILING ADD	RESS			
Name:				
Address 2:				
OWNER'S ADE	DRESS			
Name:				
Address 1:				
City:	State:		Zip:	
Dominant Line of E	Business:			
	(What do y	vou do or what service do	a vau pravid	e?) Has this changed?



Dear Business Owner:

City Clerk

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

License remaining unpaid after April 1, 2025, shall pay a penalty of 10% of the tax and fee due, plus interest on the amount of the tax and fee due at a rate of 1.5% of each month.

Total	\$
10% Late Penalty-After April 1, 2025	\$
1.5% Late Penalty per month	\$
Amount 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.

If your business closed, please provide the following information below.

Name of Business:	
Date Business Closed:	
If additional information is needed, please notify city hall at 706-65	52-2274.
Kim Jackson	

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 Accupational 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: