CITY OF MAYSVILLE

2025 BUSINESS/OCCUPATIONAL TAX LICENSE (RENEWAL)

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:_____

Dominant Line of Business: _____

(What do you do or what service do you provide?) Has this changed?

2025 BUSINESS/OCCUPATIONAL TAX LICENSE RENEWAL

Dear Business Owner:

Please fill out the attached form and return with payment to City Hall, P.O. Box 86, 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

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 706-652-2274.

Kim Jackson
City Clerk

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, fictious, 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 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:

_____