City of Maysville

Post Office Box 86 226 South Main Street Maysville, GA 30558 Telephone 706-652-2274 Fax 706-652-3511

December 15, 2014

Dear Business Customer:

Please complete the enclosed registration application for an "Occupational Tax Certificate" for 2015. It is extremely important that the information you provide is correct and accurate so that the cost of your certificate will be computed correctly.

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.

The non-payment of this occupational tax by April 1, 2015 will prohibit a business to continue its operation until all such outstanding balances are paid.

If you no longer have your business open please write "business closed" on the application and return it to me so that our records can be updated.

THE OCCUPATION TAX SHALL BE LEVIED ACCORDING TO THE NUMBER OF EMPLOYEES OF THE BUSINESS AS FOLLOWS:

#EMP	TAX DUE	#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 ADMINSTRATIVE FEE ALREADY INCLUDED

Should you have questions please call city hall at 706-652-2274.

Sincerely,

Barbara Thomas

City Administrator/City Clerk

CITY OF MAYSVILLE

2015 BUSINESS/OCCUPATION TAX (BUSINESS LICENSE) NEW BUSINESS

OFFICE USE ONLY:

Account No.:

SIC Code:

Business Trade Name:			
<u>Business Address</u>			
Location:			
City:	State:	Zip: _	
Phone:	DBA:		
Corp. Name & Address:			
Contact: (THIS PERSON'S NA			
·			
Emergency Contact:	After	Hours Phone:(For	Police & Fire Use)
Mailing Address		,	·
Name:			
Address 1:			
City:			
Owner's Address			
Name Address		City	State ZIP
Are you a U.S. Citizen?Yes	No		
Dominant Line of Business:			
	(WHAT DO YOU DO OR V	VHAT SERVICE DO YO	U PROVIDE?)
Partnership	Sole Ownership		
Georgia Corporation		Other State Corporation	
Date Opened:			
Georgia Sales Tax No:	Home Busi	iness: Yes	No
State Board Certificate No.:		Fed. I.D. or S.S. No.:	_

Affidavit Verifying Status for City Public Benefit

By executing this affidavit under oath, as	an applicant for a City of Maysville, Georgia
	ificate, or other public benefit as referenced in
	ne following with respect to my application for a
City of Maysville, Business License or G	
	me of natural person applying on behalf of
individual, business, corporation, partners	shin or other private entity!
	sup; or other private entity]
1) I am a United States citizen	
1)1 am a Officed States Critzen	•
OR	
OK .	
2)	
	lent 18 years of age or older or I am an
otherwise qualified alien or non-immigra	
Nationality Act 18 years of age or older a	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, fi	
	lty of a violation of Code Section 16-10-20 of
the Official Code of Georgia.	•
	•
	Signature of Applicant: Date
•	
	·
•	· · · · · · · · · · · · · · · · · · ·
	Printed Name:
	· .
	E-Verify Number
	12- Verify Number
CTIDECUIDED AND CYNODAL	
SUBSCRIBED AND SWORN	
BEFORE ME ON THIS THE	*
DAY OF, 20_	Alien Registration number for non-citizens
Notary Public:	
My Commission Expires:	
	iens under the federal Immigration and Nationality Act,
	egistration number. Because legal permanent residents are
	l permanent residents must also provide their alien
registration number. Qualified aliens that do not identifying number below:	have an alien registration number may supply another