



Sugar Hill

5039 West Broad Street
Sugar Hill GA 30518
Phone: 770-945-6716
occtax@cityofsugarhill.com

Occupational Tax Renewal Application

Dear Business Owner;

Please complete and return this renewal packet as soon as possible, as all licenses expire on January 31st. Return the applicable Private Employer Affidavit signed and notarized, the SAVE affidavit signed and notarized and a copy of the signer's secure and verifiable ID (Driver's License, US Passport, Military ID or Alien Registration ID). Visit our website www.cityofsugarhill.com for a full list of secure and verifiable ID's. Notaries are available at City Hall to notarize the required affidavits.

The occupational tax is calculated based on the provided gross receipts. An invoice will be sent out once the completed renewal packet is received. If you would like to calculate the fees to submit a check along with the renewal packet, the Tax Calculation Worksheet is provided on the back of the Gross Receipts page and also on our website.

If there are any changes in ownership or a change in business location, please contact the Occupational Tax Clerk at 770-945-6716 or by email at occtax@cityofsugarhill.com.

Mail the renewal packet to 5039 West Broad Street, Sugar Hill GA 30518 or email to occtax@cityofsugarhill.com.

Renewal Checklist

- Complete Renewal Application
- State Requirement: E-Verify Affidavit signed and notarized
- State Requirement: SAVE Affidavit signed and notarized
- State Requirement: Secure and Verifiable ID
- Copy of state license if your profession/occupation is regulated by a state licensing board



Sugar Hill

5039 West Broad Street
Sugar Hill GA 30518
Phone: 770-945-6716
occtax@cityofsugarhill.com

Occupational Tax Renewal Application

Business Information:

*License Number: _____

*Business Name: _____

*Business Address: _____

*Mailing Address: _____

*Business Phone Number: _____

*Email Address: _____

*Gross Receipts from previous year: \$ _____ or Number of Professionals: # _____

Owner's Information:

*Owner's Name: _____

*Owner's Address: _____

Business Status: If your business has closed or moved, please check one of the following and provide the date.

Business is closed. Date closed: _____

Business moved outside Sugar Hill City Limits: Date: _____

Mailing Address: _____

I do hereby certify that the above information given is correct and true to the best of my knowledge. I do hereby certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and the same are true, correct, and complete.

Signature and Title _____

Date _____



**E-Verify and Private Employer Affidavit
O.C.G.A § 36-60-6(d)**

The E-Verify Private Employer Affidavit must be collected when applying for an Occupational Tax Certificate and Alcohol License. The City of Sugar Hill will not issue the license if this affidavit is not filled out correctly. This affidavit needs to have a signature of an authorized agent for the business and a notary signature and stamp. For further information or to obtain an E-Verify Identification Number please reference the E-Verify home page on the U.S. Citizenship and Immigration Services website at: www.uscis.gov/everify.

By executing this affidavit, as an applicant for a _____ (Occupational Tax Certificate or Alcohol License O.C.G.A. § 36-60-6), from the City of Sugar Hill, the undersigned applicant representing the private employer known as _____ (Printed Name of Private Employer) verifies one of the following with respect to my application for the above mentioned business document.

1. **Choose ONE of the following:**

A: _____ On January 1st of the below signed year the individual, firm or corporation employed **less than ten (10) employees.**

B: _____ On January 1st of the below signed year the individual, firm or corporation employed **more than ten (10) employees.** **If the employer selected (B) please fill out section 2 below.**

2. The employer has registered with and utilizes the federal work authorization program, E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization, E-verify ID #

Date of Authorization

THIS FORM MUST BE SIGNED AND NOTARIZED

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement of representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties allowed by such statute.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature

My Commission Expires

Notary Seal



**S.A.V.E. AFFIDAVIT U.S. Citizen / Qualified Alien Affidavit
O.C.G.A § 50-36-1(e) (2)**

By executing this affidavit under oath, as an applicant for a City of Sugar Hill, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from City of Sugar Hill, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

Choose ONE of the following:

1. _____ I am a United States Citizen. Please submit a copy of your current Driver's License, US Passport, Military ID or other secure and verifiable document. (A complete list of secure and verifiable documents can be found on the City of Sugar Hill's website under the Business page or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).
2. _____ I am a legal permanent resident of the United States. Please submit a **front and back** copy of your Permanent Resident Card.
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

Please submit a **front and back copy of one of the following documents:**

- a. Valid Foreign Passport with I-94
- b. Temporary Resident Alien Card I-688
- c. Employment Authorization Card I-766 or I-688B
- d. Employment Authorization Document I-688B
- e. Refugee Travel Document I-571

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

THIS FORM MUST BE SIGNED AND NOTARIZED

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement of representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties allowed by such statute.

Signature of Applicant	Printed Name of Applicant	Date
------------------------	---------------------------	------

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature

My Commission Expires

Notary Seal