

CITY OF ELBERTON
Professional License Registration
2013

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Elberton, Georgia 30635
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City of Elberton
Professional License Registration

Re: Renewal

The Code of Ordinances requires each practitioner of a profession within the corporate limits of the City of Elberton to pay an annual occupation tax and register with the City unless otherwise excluded specifically by State Law. Registration and payment is due by March 31.

Businesses with more than one professional may submit one form provided each person's registration information is listed on the back of the form.

O.C.G.A. 36-60-6 and 50-36-1 requires local governments to obtain secure and verifiable identity documentation through submission of an E-Verify Affidavit and SAVE Affidavit. The required forms are attached for your convenience.

If you have any questions concerning this matter, please contact me.

Sincerely,

Cindy Churney, City Clerk
cchurney@cityofelberton.net

The following is a list of the professionals who may elect to pay for a professional license in lieu of occupation tax based on the gross receipts of the business or practitioner:

Lawyers, Physicians, Osteopaths, Chiropractors, Podiatrists, Dentists, Optometrists, Psychologists, Veterinarians, Landscape architects, Land surveyors, Practitioners of physiotherapy, Public accountants, Embalmers, Funeral directors, Civil, mechanical, hydraulic, or electrical engineers, Architects, and Marriage and family therapists, social workers, and professional counselors.

**CITY OF ELBERTON
PROFESSIONAL OCCUPATION TAX AND REGISTRATION**

Registration and payment is due March 31.

Mail to: City of Elberton
City Clerk
P.O. Box 70
Elberton, GA 30635

2013 RENEWAL

Business Name: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip _____

Name of principal owner or officer: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

Federal Tax ID Number: _____

Service Description: _____

<u>Number of Professionals</u>	<u>Fee per Professional</u>	<u>Total Amount Due</u>
_____	X \$100.00	\$ _____

I certify that the information given on this return is true and correct, to the best of my knowledge, and records shall be available for inspection as required in Section 10-53 of the Occupational Tax Ordinance of the City of Elberton, Georgia.

_____ Signature	_____ Title	_____ Date
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YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM.

**PRIVATE EMPLOYER AFFIDAVIT PERSUANT TO O.C.G.A. 36-60-6(d)
E-VERIFY AFFIDAVIT**

By executing this affidavit for an occupational tax license to operate a business as referenced in O.C.G.A. 36-60-6(d), from the City of Elberton, Georgia, the undersigned applicant representing the private employer known as

(state business name) _____

Verifies one of the following with respect to my application for the above mentioned document (check a or b):

- a. ***On July 1, 2012, the individual firm, or corporation employs more than one hundred (100) employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established by O.C.G.A. 13-10-90. Furthermore the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:***

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

- b. ***On July 1, 2012, the individual, firm, or corporation employs less than one hundred (100) employees and at this time is exempt from the applicable provisions and deadlines in O.C.G.A. 13-10-90.***

Effective July 1, 2013, the individual, firm, or corporation employing more than ten (10) employees will be required to register and utilize the federal work authorization program.

In making the above representation under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement or 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.

Executed on the _____ day of _____, 2013 in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Print Name of and Title of Authorized Officer, or Agent

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 2013.

NOTARY PUBLIC

My Commission Expires: _____

To register for the E-Verify Program, go to the U.S. Citizenship and Immigration Services website (www.uscis.gov).

This affidavit must be submitted by the person completing this application for the company that is requesting license. Please make sure you submit a copy of the identification document as required on the last page.

Affidavit Verifying Status for Public Benefit—Required by the Georgia Security and Immigration Compliance Act
SAVE AFFIDAVIT

By executing this affidavit under oath, as an applicant for an occupational tax license or other public benefit as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. 50-36-1), the undersigned applicant representing:

(name of business) _____, verifies one of the following with respect to my application for a public benefit:

- 1. **I am a United States citizen.** (document example: Driver’s License, US Passport, US Military Card, etc.)

- 2. I am a legal permanent resident of the United States. (document example: 1-551 Permanent Resident Card, Certificate of Citizenship, etc.)

- 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.**
 - a. **My alien number issued by the Department of Homeland Security or other federal immigration agency is:** _____
 - b. (document example: Temporary Resident Card; Employment Authorization Card, etc.)

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(c), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

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

Executed on the ____ day of _____, 2013 in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Print Name of and Title of Authorized Officer, or Agent

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 2013.

NOTARY PUBLIC

My Commission Expires: _____

Secure and Verifiable Documents Under O.C.G.A. 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The following list of secure and verifiable documents, published under the authority of O.C.G.A. 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card
- A United States military identification card
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- A United States Permanent Resident Card or Alien Registration Receipt Card
- An Employment Authorization Document that contains a photograph of the bearer
- A passport issued by a foreign government
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- A Free and Secure Trade (FAST) card
- A NEXUS card
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- A driver's license issued by a Canadian government authority
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.